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ABSTRACT

Research shows a clear link between drug and alcohol use and crime and violence. This report describes progress made in 1993 as a result of New York State's anti-drug abuse agenda and priorities for 1994. Efforts exist in three complementary areas: prevention (preventing people from being involved in substance abuse); treatment (treating those who develop uncontrollable addictions); and criminal justice (removing or treating those who prey on others because of drugs). Sample efforts include: Partners for a Drug-Free State, which uses media advertising to influence attitudes toward drugs; Neighborhood Based Alliances, which represent multi-faceted, coordinated, community-based agendas; and the expansion of treatment capacity. The report describes the wide variety of state activities that support substance abuse prevention, and proposes an interagency research agenda. (JE)

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ED 383 977

STATE OF NEW YORK

Anti-Drug Abuse Strategy Report

1993 Update

The Governor's Statewide Anti-Drug Abuse Council

Mario M. Cuomo
Governor

[illegible]
Lieutenant Governor, Chairman

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STATE OF NEW YORK

Anti-Drug Abuse *Strategy* Report

1993 Update

The Governor's Statewide Anti-Drug Abuse Council

MARIO M. CUOMO
Governor

STAN LUNDINE
Lieutenant Governor, Chairman

March, 1994

STATE OF NEW YORK

ANTI-DRUG ABUSE STRATEGY REPORT UPDATE

MARIO M. CUOMO
Governor

THE GOVERNOR'S STATEWIDE ANTI-DRUG ABUSE COUNCIL

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STATE OF NEW YORK
OFFICE OF THE LIEUTENANT GOVERNOR
ALBANY 12224

STAN LUNDINE
LIEUTENANT GOVERNOR

March 1994

Governor Mario Cuomo
Executive Chamber
State Capitol
Albany, New York 12224

Dear Governor Cuomo:

I am pleased to present you with the Statewide Anti-Drug Abuse Council's fifth annual Anti-Drug Abuse Strategy Report. Since you established the Council in 1989, New York State has made substantial progress in the fight against drug and alcohol abuse.

Today we have more people in treatment, more children enrolled in prevention programs, and more aggressive State Police narcotics enforcement than at any time in our history. Our state and local governments spend more per capita to combat drugs than those in forty-eight states. There also is growing participation in the anti-drug fight among citizens, businesses and community organizations throughout New York.

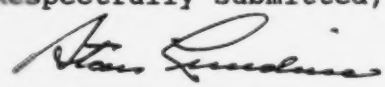
We are proud of this record of accomplishment, and have reaped some tangible dividends. Surveys show a continuing decline in the number of drug users, and the quality of life genuinely has improved for the residents of some neighborhoods. Yet one need only watch the nightly news or read the daily papers to understand the stark reality that drugs continue to exact a toll of fear and despair in far too many communities across our state and nation.

In the coming year, the Anti-Drug Abuse Council will expand efforts to address the multi-faceted symptoms and causes of substance abuse and related problems. Our agenda will be broad, involving the criminal justice, health, education, social services, mental health, and drug and alcohol service systems in numerous collaborative endeavors. It will include many discrete initiatives dealing with unique populations such as homeless mentally ill chemical abusers and individuals prone to domestic violence. We will develop new programs to tackle difficult and increasingly pervasive problems such as the proliferation of youth violence. And we will put our resources where they are needed most, increasing State Police support for drug and violence-plagued communities; developing and enhancing intervention programs for troubled youth; and increasing the scope of our Neighborhood Based

Alliances, among our many efforts.

These are only a few of the wide range of enforcement, prevention, and treatment initiatives that New York State will support in 1994. The Anti-Drug Abuse Council members understand that drug and alcohol abuse continue to have a profound impact on the lives of thousands of New Yorkers. We remain committed to helping our citizens win this fight.

Respectfully submitted,



Stan Lundine
Lieutenant Governor

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EXECUTIVE SUMMARY

Introduction

In 1989, Governor Cuomo recognized the need for a new direction in attacking the devastating impact of drugs on the family of New York. He formed the Anti-Drug Abuse Council (ADAC), headed by Lieutenant Governor Stan Lundine, and brought together all the state agencies with responsibilities to fight drugs, to develop a coordinated approach to ending drug and alcohol abuse.

Since 1989, we have made substantial progress in the fight against drugs: we have more people in treatment, more children enrolled in prevention programs, and more aggressive State Police narcotics enforcement than at any time in our history. Our state and local governments spend more per capita to combat drugs than those in forty-eight states. There also is growing participation in the anti-drug fight among citizens, businesses and community organizations throughout New York.

We are proud of this record of accomplishment, and have reaped some tangible dividends. Yet one need only watch the nightly news or read the daily papers to understand the stark reality that drugs continue to exact a toll of fear and despair in far too many communities across our state and nation.

The drug crisis has struck hardest among individuals and communities that are beset by widespread social problems. Crime, violence, AIDS, poor health, homelessness, inadequate housing, poverty, limited economic opportunity, fragmented families, child abuse, and endemic alcohol and drug abuse are the fabric of distressed neighborhoods.

Although we know the neighborhoods where we must concentrate our efforts, the effect is felt throughout society. Substance abuse costs the nation over $200 billion annually, and crime and violence rob us of more than twice that amount. In New York, billions of dollars in increased crime, health care, foster care and other costs are directly attributable to illegal drugs and alcohol.

But it is the human face of the drug problem that is far more sobering and compelling than the economic impact. Recent accounts of a pre-teenage girl fantasizing about her own funeral, and images of a woman grieving over the loss of her three sons to street violence, leave an indelible imprint. And they remind us why we must strive to restore order, opportunity and hope where they are most lacking.

A Renewed Focus On Violence

Following a year in which the people of New York were horrified and shocked by egregious acts of bloodshed - such as the World Trade Center bombing and the Long Island Railroad massacre - this administration has made the prevention of violence an urgent priority. Governor Cuomo announced a host of anti-violence initiatives in his State of the State Message and his Executive Budget presentation. Central to attacking violence is attacking the drug culture that is at the heart of so much violence. And the first battle must be to save our youth.

The violence associated with illegal drugs and alcohol manifests itself in many forms. There is the street crime of addicts and the random victimization of innocent bystanders caught in the crossfire of turf wars or deals gone bad. And there are the personal and family tragedies of domestic violence and child abuse and neglect, often far removed from the headlines.

The link between drug and alcohol use and crime is all too clear. Federal studies show that 70-80% of all arrestees test positive for drug use. Numerous other studies show that similar percentages of offenders at all stages of the criminal justice system - from arrest to prison to parole to probation - have alcohol or drug problems.

The same correlation exists between drug and alcohol use and violence. A survey by the Institute for Health Policy of Brandeis University found that 1/2 to 2/3 of all homicides and serious assaults involve alcohol. The survey also found that half of the men arrested for those violent crimes also test positive for illicit drugs.

Fortunately, however, the effectiveness of alcohol and drug treatment and prevention - our best weapon for reducing violence and other crime - is equally well documented:

The national Drug Abuse Reporting Program (DARP) study found that:

- Arrest rates decreased by 74% after treatment for all DARP clients.
- Arrest rates for methadone clients were reduced from 88% before any treatment to 27% arrested in the first year after completion of treatment and 20% after three years.
- While more than 50% of therapeutic community clients had been arrested before admission, the rate was reduced to 33% in the first year after treatment and to 23% by the third year.
- Outpatient clients' arrest records declined from 87% before admission to 34% one year after treatment and to 22% in the third year.

Other studies have made similar findings:

- The Treatment Outcome Prospective Study (TOPS) found that 70% of the outpatient and 97% of the residential therapeutic community clients who admitted to having committed a predatory crime in the year prior to treatment had no criminal activity during or in the first six months after participating in treatment.
- The Drug Treatment Alternative to Prison (DTAP) Program in Brooklyn has maintained a high retention rate of over 60%.

Preliminary program evaluation data from the Center for Substance Abuse Treatment (CSAT) model demonstration grants for criminal justice populations indicate marked reductions in criminality for clients participating in substance abuse treatment. For example:

- For parolees in the Oregon Department of Correction's Parole Transition Release (PTR) project, arrest rates one year after release from incarceration fell by half and conviction rates were reduced by two-thirds compared to the year prior to incarceration. Two years after involvement with PTR treatment, arrest rates fell 54% compared to the two years prior to PTR.
- The University of Alabama-Birmingham's Treatment Alternatives to Street Crime (TASC) program in its first year of CSAT funding has diverted over 1,000 men and women out of the criminal justice system and into treatment. Only 29 individuals have been rearrested.

Prevention programs also have been repeatedly found to be effective in avoiding the spread of alcohol and drug abuse. The General Accounting Office and the Office of National Drug Control Policy have identified the Jackie Robinson Center for Physical Culture and other initiatives as model youth services programs.

The Mayors and Police Chiefs National Action Plan to Combat Violent Crime recently submitted

to the President recognizes the importance of drug and alcohol services in preventing violence by calling for the expansion of "sufficiently funded treatment programs" so that a "continuum of services is available to all in need and seeking help." And the American Bar Association just announced its call for greatly increased funding for drug treatment and prevention "on a par with law enforcement and interdiction efforts."

A civilized society cannot allow its citizens to live in fear. Nor can it neglect the needs of those who are victims of their own weaknesses, or the excesses of their family members. Consequently, many of the initiatives described in this report focus on curtailing violent behavior by educating our children, stiffening our criminal laws, strengthening our families, and treating those whose conduct is induced by their substance abuse.

Now, more than ever, we feel the time is ripe for public consensus on a number of stalled measures that we have been advocating for years - from restrictions on the possession and use of assault weapons and other instruments of death, to the authorization of new sentencing and treatment options for drug dependent offenders.

Like other states, we are limited as to what we can do on our own as we emerge from the powerful grip of a crippling national recession. We will continue to appeal to Washington to reach closure on federal anti-crime legislation that will provide help with community policing and with drug treatment of those involved in criminal behavior. We will support the effort to shift funds from failed international programs of drug interdiction to local programs to prevent and treat drug addiction and urge that the shifts be greater than those proposed. And we will fight to ensure that the national health care package includes adequate coverage for the hard-core addicts who are responsible for so much of our crime, as well as the spread of deadly diseases and the disintegration of families and entire communities.

A More Global View of Prevention

While this report focuses on those programs which most directly address drug and alcohol abuse and attendant problems, these drug prevention efforts are part of a much larger agenda to improve the health and social development of our citizens and their communities.

We recognize that at the same time we improve our criminal justice system to make our streets safe for all citizens, we must also focus our efforts on helping to rebuild the fabric of society that has been torn for so many of our citizens. Failure to address these problems will condemn us to invest ever-increasing resources in the criminal justice system. Governor Cuomo's 1994-1995 Executive Budget proposal describes numerous initiatives that fulfill the basic needs and enhance the quality of life of the most disadvantaged among us. This comprehensive agenda allows us to keep schools open for extended hours to provide education, cultural, health and recreational services. It enables us to give immunizations, nutrition services and basic medical care to poor infants, young children and pregnant women. And it helps us to offer youth constructive alternatives to predatory crime, drug and alcohol abuse, teenage pregnancy, and bleak futures, through a variety of delinquency prevention, mentoring, basic skills and employment training, and jobs programs.

The state's commitment to children and families will increase in 1994, and will feature a number of new initiatives. For example, a $10 million Family Preservation program in selected communities, will focus resources on keeping families together while providing services necessary to address the problems of violence, educational failure, child abuse and neglect, chronic unemployment, and general family disintegration.

The agenda also includes the Career Pathways education reform initiative which focuses on easing the transition from school to work. Career Pathways will make sure that students graduate from high school with the skills they need to succeed in their future - whether that includes work, further education, or both. Experience shows us that by strengthening the connection between success in school and success in the workplace, more students will graduate from high school and go on to pursue further education.

A recent report by the General Accounting Office found that 30% of 16 to 24 year-olds lack entry-level skills, and half of adults in their late twenties have been unable to find a steady job. Letting these trends continue will exacerbate other social problems. Career Pathways will help communities give students a clear path from school to a productive, successful working life.

Drug prevention efforts must be viewed in the context of these other programs. It is important to realize that our ability to make sustained progress in the drug battle depends heavily on the success of many related measures.

The State Anti-Drug Strategy

New York State has long recognized the virtue of a comprehensive approach to fighting drugs, and has been moving in this direction for several years. We have recognized that we must develop programs to **prevent** people from ever getting involved with substance abuse, to **treat** those who have developed uncontrollable addictions, and to stop the crime and violence in our communitie by removing and treating those who prey on others because of drugs.

In the coming year, we will expand efforts to address the multi-faceted symptoms and causes of substance abuse and related problems. Our agenda will be broad, involving the criminal justice, health, education, social services, mental health, and drug and alcohol service systems in numerous collaborative endeavors. It will include many discrete initiatives dealing with unique populations such as homeless mentally ill chemical abusers and individuals prone to domestic violence. We will develop new programs to tackle difficult and increasingly pervasive problems such as the proliferation of youth violence. And we will put our resources where they are needed most, increasing State Police support for drug and violence-plagued communities; developing and enhancing intervention programs for troubled youth; and increasing the scope of our Neighborhood Based Alliances, among our many efforts.

Consistent with the Anti-Drug Abuse Council's philosophy of addressing drug and alcohol-related problems through a coordinated effort emphasizing prevention, treatment and criminal justice, we have identified the following three issues as our top priorities for 1994:

- **Prevention**

  We will continue to develop and expand our public information campaign, Partners for a Drug-Free New York State, and will utilize the drug and alcohol prevention program network to augment our focus on violence prevention.

- **Treatment**

  We will direct our attention toward expanding drug and alcohol abuse treatment capacity by developing discrete programs for severely impacted populations and communities. The Anti-Drug Abuse Council agencies will work with Neighborhood Based Alliance sites to facilitate the expansion of treatment opportunities for neighborhood residents, and to integrate prevention and treatment into the fabric of the community.

- **Criminal Justice**

  We will focus on addressing the connection between drug and alcohol abuse and violence by increasing treatment options for addicted offenders. This will be accomplished through the expansion of community-based initiatives such as the Drug Treatment Alternative to Prison program, and institutional services such as the Comprehensive Alcohol and Substance Abuse Treatment (CASAT) program.

Partners for a Drug-Free New York State

In December 1993, Governor Cuomo announced the start of the Partners for a Drug-Free New York State drug prevention campaign. This campaign, which is being directed by upstate business and media leaders and the Governor's Statewide Anti-Drug Abuse Council, will feature the presentation of creative radio, television and print advertisements by the Partnership for a Drug-Free America. These advertisements are structured to influence adult's and children's attitudes toward drug use and to promote greater parental involvement. The announcements will also serve to draw interested citizens into our network of prevention, education and treatment programs.

The Partners initiative is particularly timely. Recent national findings show an increase in the use of drugs among secondary school students, as well as more tolerance of drug use and a decreased perception that drugs are dangerous. The campaign will be implemented in all upstate media markets in 1994, and will involve, more comprehensive community prevention efforts.

Neighborhood Based Alliances

Our Neighborhood Based Alliances (NBA), which are now active or being implemented in 17 high-need communities, are the embodiment of our belief that the problems of such communities must be addressed through multi-faceted, coordinated, community-based agendas, rather than discrete attacks on specific problems. These communities will engage in sustained, multi-year efforts to improve economic, social, health and public safety conditions for residents. Several of these communities already have established new health care and drug treatment services, increased community police patrols, and expanded employment and training opportunities for youth. Many of the prevention, treatment and enforcement initiatives described in this report already serve or will be targeted toward these 17 communities.

Treatment Capacity Expansion

New York now treats over 110,000 drug and alcohol abusers daily in state funded treatment programs. This represents an increase of over 23,000 people in daily treatment since 1989. Our commitment to treatment will not waver, and a variety of capital projects will bring new program capacity on-line in 1994. We also will focus more heavily on breaking down the barriers to work and recovery that are experienced by substance abusers, by increasing vocational rehabilitation, job training and employment opportunities for those in treatment.

A number of measures will be taken to increase the number of offenders receiving treatment in community and institutional programs. At least 50 more beds will be dedicated to the Drug Treatment Alternative to Prison program, an existing 750-bed prison will be devoted to the CASAT program, the Gowanda Psychiatric Center will be further developed for use as a CASAT facility beginning in 1995, and the Executive Budget proposes the transfer of state funding to community programs for the treatment and supervision of alternatively sentenced first and second felony offenders.

Conclusion

These are only a few of the wide range of enforcement, prevention, and treatment initiatives that New York State will support in 1994. ADAC members understand that drug and alcohol abuse continue to have a profound impact on the lives of thousands of New Yorkers. We remain committed to helping our citizens win this fight.

Highlights of the 1994 Anti-Drug Agenda

Prevention

- Work with media and business organizations and the Partnership for a Drug-Free America to implement the Partners for a Drug-Free New York State drug prevention campaign.
- Establish a demonstration program to prevent violence within families by aggressively identifying and addressing underlying alcohol and drug abuse problems.
- Train local alcoholism and substance abuse prevention programs to provide educational workshops to parents, children, teachers and others on an array of violence prevention issues.
- Conduct regional forums to enable community organizations and state agencies to share experiences and ideas regarding successful strategies for combating drug problems.
- Provide state support for the D.A.R.E program after the expiration of federal funding, and continue to seek additional financial assistance.
- Continue funding for Public Housing Drug Elimination programs.

Treatment

- Continue to expand drug and alcohol abuse treatment capacity, focusing on the most severely impacted and underserved populations and communities.
- Implement new programs for youth in Division for Youth facilities, to reduce the use of drugs and alcohol and to prevent violent behavior.
- Open a 13-bed residential facility in Poughkeepsie for alcohol-dependent persons with developmental disabilities.
- Develop the Singles Treatment and Employment Program (STEP), to provide treatment, education and vocational training, and housing to 400 homeless men and women in New York City.
- Expand a state program that identifies veterans who are homeless drug and alcohol abusers suffering from Post Traumatic Stress Disorder, AIDS and other disabilities, and arranges appropriate treatment.
- Replicate innovative models such as Binding Together Inc., which provide job training and employment opportunities for drug abusers.

Criminal Justice

- Continue law enforcement's dual-focus strategy designed to reduce both illegal drug sales and illegal gun activity, with the ultimate goal of decreasing the level of violence.
- Establish a fifth Community Narcotics Enforcement Team for the Route 17 corridor in the Southern Tier.
- Implement Operation Firebreak, a new State Police initiative that will result in the assignment of 100 additional troopers to the

CNET units and related upstate anti-violence teams.

- Increase funding for the COMBAT program to enhance law enforcement efforts in the Neighborhood Based Alliance communities.

- Dedicate additional residential drug treatment beds to the Drug Treatment Alternative to Prison program.

- Expand the Comprehensive Alcohol and Substance Abuse Treatment (CASAT) program, by dedicating 750 existing prison beds to this program, and completing the takeover of the Gowanda Psychiatric Center by the Department of Correctional Services for use as a CASAT facility beginning in 1995.

- Enact legislation which would:

  - Increase the sentencing and treatment options for defendants convicted of felony drug crimes, by expanding eligibility for prison-based treatment programs and authorizing probation for certain non-violent second felons.

  - Facilitate the prosecution of certain drug cases by eliminating the requirement that a prosecutor prove that a defendant knew the specific weight of the drugs possessed or sold.

  - Authorize an Addict Offender disposition which would allow non-violent drug offenders to receive revocable, community corrections dispositions including mandatory substance abuse treatment.

  - Create a state aid program which would provide for the transfer of state prison funding to localities for use in community corrections and substance abuse treatment if those localities effectively reduce the flow of non-violent offenders to state prison.

1993 Accomplishments

Prevention

- The state provided over $50 million to support a network of 500 drug and alcohol prevention programs.

- Partners for a Drug-Free New York State, an intensive public information and community drug prevention campaign featuring creative advertisements by the Partnership for a Drug-Free America, was launched by Governor Cuomo and an upstate steering committee in December.

- Fourteen school districts were awarded funds ranging from $16,000 to $90,000 to establish drug abuse resistance education programs including instruction by uniformed law enforcement officers.

- The Office of Alcoholism and Substance Abuse Services co-sponsored a statewide college conference focusing on alcohol and other drugs and the college community.

- Over 15,000 students signed a pledge not to use alcohol or illegal drugs as part of the annual "Safe Summer" campaign.

- More than $3 million in asset forfeiture revenues was awarded to 135 school and community organizations to support drug prevention efforts.

- The New York State National Guard assumed an expanded role in youth drug prevention through a number programs, such as the Corps of Cadets, for children 12-17, and "Project ChalleNGe", a residential program for high school drop-outs.

- Thirteen public housing projects were awarded funds totalling $500,000 to sustain drug elimination pilot projects begun in 1992.

- A pilot project was initiated to strengthen linkages between the domestic violence and drug and alcohol abuse service systems in Erie, Orange, Oswego and Suffolk counties.

Criminal Justice

- The four Community Narcotics Enforcement Teams (CNET) continued to provide street-level anti-drug investigatory assistance to local agencies upstate. Ninety agencies were assisted from July 1992 through June 1993.

- CNET and other anti-drug efforts were expanded to include the active pursuit of illegal weapons to reduce the violence associated with drug trafficking.

- Under the federal Assets Forfeiture Reporting Program, 59 New York law enforcement agencies reported the aggregate receipt of over $36 million from seized assets of the illegal drug business during 1992, the most recent reporting period.

- Seventeen claiming authorities received over $7 million during 1992 under the New York State assets forfeiture law, including $2 million which was deposited into the State Substance Abuse Services Fund and $256,000 which was used for restitution to crime victims.

- The number of Drug Treatment Alternative to Prison (DTAP) programs continued to expand in the New York City area and upstate. All of the programs share the same goal of diverting prison-bound offenders into residential treatment through a deferral of prosecution or a deferral of sentencing.

- The two pilot Local Service Teams established by the State Commission on Correction achieved their initial goals of addressing the educational, employment and substance abuse needs of incarcerated youth in Westchester and Ulster counties.

- The Division of Parole's High Impact Incarceration Program (HIIP) at Rikers Island exceeded its goal of diverting 400 parole violators, as 428 successfully completed a 60-day intensive treatment program and were restored to supervision with a special condition of attending community-based treatment.

- HIIP continued to expand outside of New York City, and the six county programs now have an aggregate diversion capacity of 1,300 parole violators.

- DOCS received a federal grant to establish a 150-bed therapeutic community for male offenders with histories of domestic violence and drug and alcohol abuse.

Treatment

- The state funded drug and alcohol treatment system continued to expand, and now serves over 23,000 more people each day than in 1989.

- A comprehensive new methadone program serving 350 patients was opened in the South Bronx by the Albert Einstein College of Medicine.

- Final regulations for using acupuncture in drug and alcohol treatment programs were issued.

- OASAS received a first-year federal award of $570,000 to support a treatment program at Project Return in New York City, that serves women with addictive and psychiatric illnesses, especially those who are poor, minorities and have children.

- The number of residential treatment programs that enable mothers to live with their children increased from three to seven.

- A demonstration project was initiated that will provide drug treatment, child care, nutritional counseling and parent education for 600 pregnant, substance abusing women in Buffalo, Newburgh, Syracuse and New York City.

- An interagency task force was convened to study existing services and unmet needs pertaining to mentally ill chemical abusers (MICA), including those who are homeless, and a report and recommendations were prepared and submitted to the Legislature.

- The Office of Mental Health continued to expand residential treatment services for MICA clients, and now supports 419 community-based beds and has 565 additional beds under development.

- A comprehensive community mental health reinvestment bill was enacted, which will provide $210 million over five years for enhanced services to the mentally ill, including those who abuse drugs.

- New funding was made available to provide primary care and case management services to an additional 2,000-3,000 HIV-infected individuals who are enrolled in drug treatment programs.

Interagency Research Agenda

- The Anti-Drug Abuse Council and OASAS sponsored a forum that brought together research scientists, treatment and prevention specialists, and policymakers to discuss research and policy issues related to drug and alcohol abuse. A report on these proceedings was issued by OASAS.

PREVENTION

Progress and Priorities

Introduction

The abuse of alcohol, tobacco and other drugs diminishes the quality of life and is directly linked to major health, employment, familial and societal problems. These problems are preventable and when prevention is undertaken before problems develop, economic and human costs are saved.

Experience has shown that effective prevention is a long-term, sustained process, that must be integrated into the structure and function of multiple community systems. Comprehensive strategies designed to identify and reduce high-risk factors associated with substance abuse, as well as to identify and intervene with those who have begun to develop problems, are being incorporated into various health, education, employment and social settings.

The tragic increase of violence - particularly among youth and young adults - demands greater awareness of the relationship between violence and involvement with alcohol and other drugs, and a greater understanding of how best to respond to such violence. Schools and communities are now working more closely together in programs aimed at stopping and preventing violence, and are exchanging information regarding their strategies. These efforts will be expanded in the coming year.

Ongoing prevention efforts will continue to include broad-based public education and awareness programs. But we must also focus on specific groups, including high-risk youth; the elderly; women, especially those with children; and dysfunctional families.

It is important that money spent on drug prevention is invested in effective programs. Thus, there will be an increased focus on establishing routine data collection specific to prevention; developing a prevention needs methodology and prevention program standards; and implementing a standard system to monitor the functioning of all prevention programs and to identify programs operating below expectations or in an exemplary manner. Replication of model programs will be encouraged and supported, while programs operating below expectations will receive technical assistance and will be required to develop a corrective action plan.

1994 Priorities

Years of fighting drug abuse have taught us many important lessons. We've learned that government alone can never solve this problem; yet progress is possible if we make a sustained, simultaneous effort on many fronts - in schools, homes, the workplace, and the community. We've seen how the leadership, energy, vision and courage of truly remarkable and committed individuals can inspire others to turn apathy into action, and can lead to the transformation of entire neighborhoods. And we've come to realize that serious drug abuse is rarely an isolated pathology; rather, it is a complex social phenomenon which must be addressed in the context of numerous interrelated problems.

Clearly, we have made some headway against drug abuse in recent years. But we've also learned that progress can be short-lived, and that victory is an elusive goal. It is most discouraging to see a rise in student drug use

after more than a decade of decline; and vexing that the number of hard-core drug users has remained virtually unchanged during the 1990s, in stark contrast to the significant reductions in casual use. And it is frustrating for the residents of drug infested neighborhoods to see drug dealing and associated violence return to their communities after massive police sweeps create hope for long-term relief.

It is in this context that we need to reenergize our efforts to prevent drug and alcohol abuse in the coming year. First, we must focus on our youth. We will encourage all providers to augment efforts to prevent children from using "gateway" drugs such as alcohol and tobacco. We will also tap the tremendous power of the media and the organizational and leadership skills of the private sector, to implement Partners for a Drug-Free New York State, a comprehensive drug prevention and public information campaign aimed at young children and their parents.

We will facilitate communication and collaboration among the grassroots neighborhood organizations that have the greatest stake in the drug battle, by holding regional forums where they can share ideas and strategies and learn about available state and local government assistance.

This drug strategy is an integral part of Governor Cuomo's anti-violence agenda. We will use the various outlets through which drug and alcohol prevention messages and services are provided - such as schools, community centers, Division for Youth facilities, child welfare agencies and prisons - to teach youth and adults how to deal with aggression and violence, focusing on both perpetrators and actual or potential victims.

An ambitious agenda requires the participation of many institutions and individuals. We will appeal to diverse organizations such as local Councils on Alcoholism and Substance Abuse, the National Guard, neighborhood preservation coalitions, and the network of prevention service providers, to further enlist their services, maximize their contributions, and help us attain success.

Information Exchange and Education

The human services, youth advocacy, education, law enforcement, occupational, health care and other systems each have a profound understanding of the impact of alcohol and substance abuse on their own clients and missions. Many organizations in these systems are incorporating prevention programming and promoting clear alcohol and substance abuse prevention messages. In doing so, they are helping themselves to accomplish their goals more effectively, efficiently and safely, and are playing an important role in the overall drug prevention effort.

There also are a variety of community-level efforts that seek to influence the public perception of the alcohol and substance abuse problem and to promote individual awareness and group involvement in solving this problem. Some of these system-level and communitywide efforts are discussed in this section as well as in the Treatment section of this document.

Partners for a Drug-Free New York State

In 1993, Lt. Governor Lundine convened a statewide steering committee of business, labor and media leaders to sponsor an intensive public information campaign against alcohol and drug abuse. The goal was to accomplish a virtual sea change in the public's attitude toward the acceptability of using drugs, in part by reinvigorating the media's attention to the issue.

Governor Cuomo launched the Partners for a Drug-Free New York State media campaign at a

press conference in December. The Lt. Governor and Bob and Mindy Rich, of Rich Products Corp. in Buffalo, serve as chairs of this unique private/public partnership upstate.

In preparation for the launch, the Lt. Governor held regional meetings in upstate media markets, bringing professional drug and alcohol service agencies and business leaders together with the media executives in their area. Regional PARTNERS groups have emerged which will sponsor creative public information activities in the local media, in their schools and in their various workplaces.

The project's goal is to link the powerful media messages created by the national Partnership for a Drug-Free America to New York's network of 500 school and community-based prevention programs - the largest and best funded such network in the nation.

During the first year, the PARTNERS decided to target seven to eleven year-old children and their parents. Public Service Announcements produced by the award-winning national Partnership for a Drug-Free America have been tagged with the New York State PARTNERS logo and the Decade of the Child 1-800-345-KIDS telephone number, so that parents can request a special pamphlet to help them engage their children in candid discussions about the dangers of drug use and alcohol abuse.

In the first two months since the launch of the PARTNERS campaign, several hundred telephone calls were generated by the ads, and the number of Public Service Announcements carried, for example, by television stations in the Buffalo media market, more than doubled.

A similar campaign, called the Partnership for a Drug-Free Greater New York, was launched with excellent results, a year ago, by the Lt. Governor and the Mayor of New York City for the greater New York City metropolitan area.

Drug-Free Schools and Communities Act Program

Funding for the Drug-Free Schools and Communities Act (DFSCA) through the United States Department of Education has enabled school districts throughout the state to expand and enrich their substance abuse prevention efforts for all students K-12. The State Education Department (SED) provides administrative and technical assistance for these programs. This assistance includes dissemination of the Drug-Free School Zone Guide, which provides New York State school staff, students, parents, law enforcement agencies, and other members of the community with the information necessary to develop Drug-Free School Zones around their school buildings and in their communities. SED's DFSCA Regional Coordinator Network also links schools and local law enforcement officials in the promotion of school-based substance abuse prevention programs.

Task Force on Integrated Projects

The Task Force on Integrated Projects for Youth and Chemical Dependency (TFIP) was created in 1987 to ensure an integrated approach among state agencies responsible for providing prevention, education and treatment services to chemically dependent youth. The membership of TFIP includes the commissioners of OASAS, SED, and OMH.

TFIP administers a portion of New York's allotment of DFSCA funds. In 1993, the Task Force issued a Request for Applications from school districts to establish drug abuse resistance education programs. The grant competition process resulted in the funding of 14 school districts with awards ranging from $16,000 to $90,000 for the 1993-94 school year. The initiatives involve classroom instruction by uniformed law enforcement officials.

TFIP provides support for community-based projects for high-risk youth such as:

- The Single Parent Resource Center, which targets homeless school-aged youth (6-14) who live with their families in midtown Manhattan hotels. The Resource Center provides a safe, stress-free environment for these youngsters.

- The Middletown Community Health Center, which delivers a continuum of services for pregnant teenagers at risk for drug and alcohol abuse. Services include a six-week educational program, professional training for area obstetricians and an intervention/referral process.

Drug Abuse Resistance Education

In 1993, the Drug Abuse Resistance Education (D.A.R.E.) program continued to expand the number of instructors and children participating. The demand for the program from local communities increased. While corporate financial support continued, it was not at a level which would compensate for the potential loss of federal funding for D.A.R.E.

In the D.A.R.E. program, trained and certified police officers, deputy sheriffs, state troopers and state instructors teach students of all ages. The instruction is designed to shape children's attitudes against drug use, strengthen self-esteem and build resistance to peer pressure that advocates drug use.

During 1993, the number of certified D.A.R.E. instructors increased to over 700 plus some 55 high school teachers who work in D.A.R.E. instructor-educator teams. Over 182,000 students have participated in local D.A.R.E. programs.

At the local level, all D.A.R.E. costs are borne by local governments in the form of officer salaries or by private contributions. The state-level staff and operations have been supported from federal funds, which will no longer be available after this year. Governor Cuomo has pledged to assume these costs in the state budget, to ensure that the state component of the D.A.R.E. program will not be jeopardized.

Continuing its corporate commitment, Fleet Bank again provided $150,000 to the D.A.R.E. program in 1993. These funds were used to provide materials for D.A.R.E. students and to promote community awareness, involvement and support. In addition to support at the state level, individual Fleet Bank employees provide direct support to their local D.A.R.E. programs in areas such as publicity and office supplies.

Drug-Exposed Children

In February 1993, the Board of Regents approved for dissemination the draft Action Plan to Implement the Regents Early Childhood Policy. The Action Plan includes the recommendations of the SED task force on children prenatally exposed to drugs. The recommendations of the task force are within the five entitlements: developmentally appropriate programs and services provided through a collaborative approach; an interdisciplinary approach to learning; adequate health, nutrition, and parenting skills; equity for all children; and a foundation for lifelong learning and successful transitions. These five entitlements provide the direction the Action Plan will take over the next five years to ensure that all children including those prenatally exposed to drugs will have access to quality, developmentally appropriate programs and services.

Statewide College Conference

In November 1993, OASAS, in cooperation with the Regional College Alcohol Consortia Project and the national Network of Colleges and Universities Committed to the Elimination of

Drug and Alcohol Abuse, sponsored "Teamwork for Healthy Campuses: Prevention in Action!," a statewide college conference focusing on alcohol, other drugs and the college community.

This conference was designed for the entire campus community as well as community agencies, and attracted over 200 participants from across the state. Topics addressed included the effect of alcohol advertising on the college campus; meeting the needs of special populations, such as Blacks, Latinos and Gays/Lesbians; prevention programming for athletes; and establishing alcohol, tobacco and other drug-free residence halls.

OASAS' sixth edition of its college programming manual entitled, Teamwork For Healthy Campuses: NYS College Alcohol and Other Drug Programs, was released at the conference. This publication reflects the changing data, trends and programming issues around alcohol, other drugs and the college community.

Tobacco Prevention

In New York State, about 3.3 million persons age 12 and older - about 22 percent of the population in this age group - are smokers. More than 33,000 New Yorkers die each year as a result of cigarette smoking - more premature deaths than AIDS, cocaine, heroin, alcohol, fire, automobile accidents, homicide and suicide combined. Deaths from smoking are responsible for about 18 percent of all deaths in the state.

Our efforts to reduce the incidence of tobacco use are important because of the intrinsic harm that tobacco causes. These measures, particularly as they pertain to our youth, also have important implications for the overall anti-drug strategy. Research has shown that the use of "gateway" drugs such as alcohol and cigarettes tends to precede illegal drug use and increases the risk of initiating such substances.

New York State has had a progressive and impressive record in the area of tobacco control; first with the Clean Indoor Act and then with the Adolescent Tobacco Use Prevention Act (ATUPA). Last year, the state's cigarette excise tax was increased from 39 to 56 cents per pack. This is one of the single most effective ways to prevent and to reduce cigarette consumption, especially among youth.

But increasing the price of tobacco must be part of a larger, comprehensive anti-tobacco strategy. That strategy should include increased restrictions on smoking, preventing sales to minors and public education. Helping smokers to quit is also essential.

Once again this year, the Governor has introduced anti-tobacco legislation known as PROKIDS. The PROKIDS bill restricts smoking on school grounds, in hospitals and in child care facilities, requires separate enclosed rooms for smokers in workplaces and prohibits the sale of out-of-package cigarettes.

In the next year, the Department of Health will spend about $2 million dollars on smoking reduction interventions throughout New York. Almost 40 percent of these funds will support 22 local community coalitions. The ASSIST (American Stop Smoking Intervention Study for Cancer Prevention) program is funded with federal and state dollars and focuses on tobacco prevention and reduction through social and environmental changes rather than changing the individual behavior of smokers. Several other tobacco-related initiatives are discussed in the Treatment section.

Safe Summer

Thanks to an ambitious state and local effort, an estimated two million New Yorkers participated in healthy and fun activities as part of the fifth annual Safe Summer campaign sponsored by OASAS. Safe Summer implements

anti-drug strategies by presenting a series of consistent pro-health messages from influential sources at home, in the schools, at work and in the community. It also is part of the Decade of the Child campaign, headed by First Lady Matilda R. Cuomo.

The 1993 campaign included significant expansions adding several agencies to the local sponsor network in Albany, Erie and Monroe counties. The New York City Board of Education's Substance Abuse Prevention and Education Program joined as well, with district directors incorporating the campaign into their school and community-based efforts throughout the summer.

OASAS also cooperated with a variety of public and private agencies to reach out to at-risk youth. Outreach was accomplished through the state Department of Labor's Adolescent Vocational Exploration Program, and the Floating Hospital Summer Sails program for New York City families from welfare hotels and parents with children enrolled in Child Welfare Administration initiatives. At the county level, agencies recruited co-sponsorships from local businesses, media outlets, government agencies and not-for-profit organizations.

Highlighted by this year's youth-targeted message of "No Alcohol. No Drugs. More Fun.," packets were mailed to all of the state's public and private schools. Principals received background information, activity ideas, materials and resources. Over 15,000 students signed a pledge not to use alcohol and other drugs, the centerpiece of this school-based "Send-off To A Safe Summer" effort. In return, each student received a Safe Summer Club Member Kit.

Prevention Training

A one-day "train-the-trainer" session prepares DSS agency trainers to lead discussions with their staff using a video training package on substance abuse prevention. Topics include recognizing substance abuse and its impact on the family, assessing the substance abusing family, intervening to break the cycle of abuse, the process of recovery and relapse prevention, and the implications of crack cocaine for child welfare. Another four-day course is designed to train agency trainers to use a comprehensive substance abuse prevention curriculum, as well as a drug screening instrument, to assist workers in addressing issues of substance abuse in residential care.

Program Development and Collaboration

The implementation of a variety of comprehensive prevention models in communities, schools and the workplace continues to be a state priority. Consequently, collaboration among various systems, agencies and community components is a key element of successful programming in each of the prevention arenas.

Interagency Workgroup on School and Community Collaboration

The Interagency Workgroup co-chaired by the Governor's Office and the Commissioner of Education develops ways to maximize existing state agency resources to enhance collaboration among schools and community-based agencies. The focus of these efforts are communities that have been designated as sites for Community Schools and Neighborhood Based Alliance (NBA) programs. Essential components for comprehensive collaboration have been identified which will offer students and their families access to a wide range of services. An exemplary model based on these components is being finalized for dissemination through regional training forums.

The Interagency Workgroup will work on consolidation of funding streams and

administration requirements in the coming year. At the same time, the Governor's Innovations Board for Children and Families will continue to work with the Salamanca School District on a pilot project to examine issues regarding confidentiality and information sharing between schools and community-based organizations. The outcome of the pilot work will serve as a basis for a technical assistance paper on confidentiality for use in the identified communities. Four additional technical assistance papers will be produced as well: guidelines for developing collaborative programs; state-sponsored training opportunities and resources available to support collaborative programs; state programs and funding streams that can support the development of collaborative strategies; and a synthesis of promising approaches that have been identified as being able to achieve the intended results.

Strengthened Partnerships: Helping Grassroots Organizations

Community organizations throughout the state have contacted ADAC for assistance in finding solutions to their drug and alcohol abuse problems. These organizations have expressed great interest in learning how other communities have developed prevention and enforcement initiatives. A forum was held in October 1992 where neighborhood and community-based groups from across the state shared experiences and information. Approximately 75 groups attended the one-and-one-half day conference.

At the request of the participants in the forum, ADAC will organize regional forums throughout the state. The first regional conference will be held in the Capital District in early 1994. The regional forums will discuss prevention strategies, community responsibility and media partnerships. Partners for a Drug-Free New York State will organize the discussion of media partnerships.

A New Role for the Military

The Division of Military and Naval Affairs is working on drug demand reduction with its Corps of Cadets program and the National Guard units.

The Corps of Cadets program provides youth with constructive after-school activities while giving them exposure to positive role models. It reinforces drug resistance training provided in schools and the value of an education in a drug and crime-free environment. It provides youth with character building experiences, a strong sense of community, continued focus on values, team building, life skills, and a sense of belonging.

The program is open to males and females ages 12-17. They meet a minimum of one night a week throughout the year. Program leaders and advisors are Army and Air National Guard members. Parents are also involved in the Cadet program, acting as liaisons and community correspondents, and forming a Parent Association at each Cadet Corps.

The "ChalleNGe" program is a residential program for troubled youth that is operated by the National Guard at Camp Smith in Peekskill. The first class began on November 27, 1993. The program is designed for 16 to 18 year-old high school drop-outs, and has a 22-week residential phase, followed by a twelve-month community-based mentoring program. Upon completion of the residential phase, each student receives a $2,500 stipend to assist their transition to a productive lifestyle. The mentors are responsible for ensuring that the stipend is spent appropriately.

The first class started with 118 male and female students from all areas of the state. They had to apply for the program and successfully complete two interviews and a physical examination. Participants must be drug-free and have no current criminal justice system

involvement, although some probationers have been accepted. Drug testing is part of the program, and a positive test is sufficient grounds for dismissal.

ChalleNGe has a strong emphasis on drug avoidance education and general life-skills development such as team building, career choices, health issues, personal values, and leadership, as well as military drill and ceremony. The students also perform community service work.

Asset Forfeiture

New York State's asset forfeiture law authorizes the utilization of profits from assets seized in drug-related prosecutions to support substance abuse prevention and treatment efforts. In 1993, over $3 million was awarded to approximately 135 school and community service providers to enhance programs. An OASAS agreement, developed in conjunction with district attorneys and the state Organized Crime Task Force, results in the support of projects in the counties where the assets were seized.

These funds are awarded for one-time expenditures that address special needs. Examples of projects carried out through the use of these funds include the enhancement of co-dependency treatment for recovering families in Erie County, training in the Natural Helpers program for Albany County schools, expansion of an adventure-based prevention program for high-risk youth and a theater group presenting anti-drug messages in Columbia County, a boroughwide advertising campaign in Richmond County, training workshops in HIV/AIDS for staff of adolescent substance abuse programs in the Bronx, and support to enhance an existing Parent Center in Suffolk County.

Housing Anti-Drug Efforts

New York State continues to encourage and support a variety of anti-drug programs in public and state assisted housing. Thirteen public housing projects were awarded a total of $500,000 in 1993 through the Public Housing Drug Elimination Program, to sustain projects begun in 1992 with a $1 million appropriation.

Each of these programs incorporates extensive prevention, education and recreation activities in addition to security and enforcement components involving police or tenant patrols and physical improvements. Prevention programs include AIDS awareness training, tutoring and college preparatory assistance, D.A.R.E., music and dance, play streets, bookmobiles, pregnancy prevention, mentoring, drug treatment referral, job training and other services.

Many Neighborhood and Rural Preservation Companies funded by the Division of Housing and Community Renewal (DHCR) are actively involved in addressing the problems of communities besieged by drugs, through efforts such as "neighborhood watches" and renovation of blighted buildings.

Early Childhood Initiatives

OASAS has learned from research findings that the earlier prevention services are provided to high-risk youth, the greater the chances that these services will be beneficial.

Building from the first New York State Head Start Conference on Alcohol and Other Drug Abuse, and the series of regional meetings that grew from it, the Head Start network and alcohol and substance abuse prevention providers are working at the local level to cross-train staff and deliver jointly developed programming at a variety of sites throughout the state. The Head Start network is comprised of the New York State Head Start Association's Task Force on Alcohol

and Other Drug Abuse, OASAS, and the federal Regional Head Start office.

Project Right Start is the collaborative pilot project in Washington Heights. The Robert Wood Johnson Foundation, the Alcohol and Drug Abuse Prevention Foundation, OASAS, and the New York State Head Start Task Force have worked together to enhance Head Start's substance abuse prevention capabilities in Phase One of the project. Phase Two will be a three-year project to disseminate the models developed to other Head Start centers.

The **Primary Mental Health Project (PMHP)** is an intervention program for pre-school through third grade children who are at risk for school adjustment difficulties. This program, which has been implemented in approximately 200 school districts, teaches children social competencies as well as coping strategies to deal with stress in their lives. OASAS has contracted with Rochester University to conduct a long-term evaluation of the benefits of the PMHP in reducing later alcohol and substance abuse. This project is in the fourth year of a six-year study.

Single Parent Resource Center

The Single Parent Resource Center, in coordination with OASAS and the Aaron Diamond Foundation, has launched "Access for Children," a comprehensive transition service for mothers leaving prison and their children. Access will provide a support community for mothers who, after years of incarceration, are reuniting with their children. It will focus on activities that build cohesiveness between parents and children, reduce stress, and prevent reincarceration or return to drug or alcohol use. Almost half of the children will be returning home from foster care.

The Resource Center also produced a four minute video, "Tips for Safety," that was put together in cooperation with the New York City Mayor's Stop the Violence Program. The video, along with a companion coloring book, helps young children aged 4-12 learn ways to anticipate danger and act in dangerous situations. The video has been showcased at 43 day care centers, after-school programs and community centers.

Understanding and Preventing Violence

Research reveals a strong correlation between drug and alcohol abuse, crime and violence. Studies by Goldstein and Spunt, for example, indicated that:

- One half of all violent events reported to researchers were drug and/or alcohol related.
- Alcohol abuse was the most common cause of psychopharmacological violence (i.e., violence committed by an intoxicated person as a result of impaired judgement).
- Illegal drug abuse was the primary factor contributing to "systemic" violence (i.e., violence related to efforts to sell and distribute drugs) and economic compulsive violence (i.e., violence committed by drug users in order to obtain money to purchase drugs).

Violence is nearly epidemic within families served by the state's child welfare system, and is often linked to alcohol and other drug abuse by the parents. According to DSS, alcohol and other drug abuse is a recurrent issue for families of an estimated 29,000 children each year (61 percent of children in foster care and 45 percent of children in preventive services). Among families in which parents experience substance abuse problems, 85 percent of the children in foster care and 79 percent of the children receiving preventive services were victims of child abuse and neglect.

The strong correlation between alcohol, drugs and violence makes it critically important to incorporate drug and alcohol abuse prevention in any strategy to prevent violence. Examples of initiatives currently under way or under development are outlined below.

School and Community-Based Violence Prevention

OASAS supports the operation of substance abuse prevention programs at more than 2,600 sites statewide, including schools, community centers and the facilities of state funded organizations that provide prevention services. Activities commonly conducted within these programs include pro-social skill development, development of resistance and problem-solving skills, identification and management of stress, conflict resolution and mediation, and self-esteem enhancement. The skill-building activities, such as role playing, currently focus on situations involving drug use.

Plans are under development to expand this approach to incorporate violence prevention activities. Using a combination of Aggression Replacement Training, mediation and conflict resolution approaches and peer support and mentoring, prevention specialists will work to enhance the capability of young people to develop and use alternative approaches to prevent violence.

School Safety and Security Study

Violence among youth and young adults has risen dramatically in recent years, and has intruded into our schools. Such violence inevitably affects students and teachers physically, psychologically and academically. Much of the violence in schools is exacerbated by increased access to firearms, involvement with alcohol and other drugs, and exposure to violence in the media.

Unfortunately, we have little knowledge of how teachers, students and schools in New York State are affected by violence and what schools and communities are doing in response. Data are not systematically collected on the extent of violence in schools, nor on how many schools have introduced violence prevention programs, the type of programs implemented or their effectiveness.

SED and DCJS are analyzing the data collected from a statewide study of the prevalence of violence in schools. The study involved a survey of randomly selected 7th through 12th grade students and classroom teachers and administrators across the state.

One set of research questions in the survey addressed the nature and scope of violence in the schools during the 1992-93 school year. For example, students were asked "to what extent has each of the following been a problem at your school during the 1992-93 school year?" Alcohol use (65 percent) and drug use (58 percent) were major areas of concern. Fifty percent of the students perceived "students bringing weapons to school" as a problem.

A second set of research questions addressed how the schools have responded to increased violence. Students were asked about their participation in prevention and education programs targeting violence (conflict resolution), drug and alcohol abuse, gun safety, and sexual harassment. Over 81 percent of the students surveyed indicated that they did not participate in, or were not offered, opportunities to participate in such programs during the 1992-93 school year.

A report describing the dimensions of the problem, efforts undertaken to address it, and recommendations for further action is being prepared.

Community Education and Awareness

Local prevention programs, such as the Councils on Alcoholism and Substance Abuse, play a critical role in prevention through a range of public education and awareness programs. Their approach is broad-based, educating communities about the role drugs and alcohol play in a wide variety of problems including crime, delinquency and family violence. OASAS proposes to train members of these prevention agencies to provide educational workshops on an array of violence prevention issues tailored to meet the needs of target groups including parents, youth and teachers. In addition, such programs could be a vehicle through which printed educational materials on violence prevention might be distributed. Community-based prevention programs are well established in the localities in which they operate, and could reach broad segments of the population.

Early Intervention in Child Welfare

OASAS and DSS have developed a joint agency model for the prevention of violence within families served by child welfare agencies. The Early Intervention in Child Welfare Program is based on a model that has been highly successful in the Healthcare Intervention Services (H.I.S.) program (described in detail in the Treatment section), and in Employee Assistance Programs. OASAS and DSS are proposing to jointly conduct, finance and evaluate a demonstration program which will:

- prevent violence within families by aggressively identifying and addressing the underlying alcohol and drug issue;

- furnish this system with the expert services of a trained interventionist to deal with parental resistance and minimization, motivating them to accept needed addiction services; and

- create new linkages between local alcohol and drug agencies and child welfare and domestic violence services.

Strengthening Families to Prevent Violence

As noted earlier, violence is all too often learned in the home, and frequently it is linked to drug and alcohol abuse. Addicted parents are more likely to abuse or neglect their children. Recent studies have demonstrated that children who are victimized are more vulnerable to drug and alcohol abuse when they are older. By intervening with addicted parents, we are preventing children in those families from following the family pattern of chemical abuse and violence.

As many of these families are headed by single women, OASAS funds six residential treatment programs designed to address addiction among mothers, and to help them and their children develop strong, healthy families.

OASAS is also directing the establishment of Family Support Communities, which will provide comprehensive services to addicted mothers and their children at a single residential site.

OASAS and DSS also are jointly implementing a federal Health Care Financing Administration demonstration project that will increase access to treatment services for addicted pregnant women.

Stopping Domestic Violence

The Office for the Prevention of Domestic Violence (OPDV) initiated a pilot project in 1993 to strengthen linkages between the domestic violence and drug and alcohol abuse service systems in Erie, Orange, Oswego and Suffolk counties. Each county will develop community action plans which will be designed to increase identification of victims and perpetrators of drug and alcohol-related domestic violence, facilitate cross-referrals between service systems, and

enhance or develop services to help families affected by both problems. OPDV is currently providing cross-training to local staff and will help them develop their action plans.

In a separate initiative, OPDV finished training all 380 state agency employee assistance program coordinators on domestic violence and substance abuse issues.

Program Assessment and Replication

State agencies continue to support prevention research and evaluation initiatives. Some of the major efforts and activities are described below.

Prevention Research

Cornell and **Columbia Universities** have completed a three-year research study designed to measure and compare the effects of focused vs. broad-based prevention strategies on inner-city youth. The research project was also designed to measure the impact of these strategies on youth who exhibit resiliency characteristics, such as identification with a positive adult role model or articulation of long-range, future goals. The results of this study are being analyzed and will be available soon.

This past December marked the completion of a three-year effort to develop six model communitywide prevention projects in upstate New York. Each of these projects created a core group of community volunteers who implemented a wide range of prevention activities and events, including alcohol and drug-free health fairs, an after-school latchkey program, parent training, reduced sale of alcohol to minors by merchants, and development of a school-based prevention program. All of these efforts have been documented and evaluated and are currently being reviewed to ascertain which approaches are most successful.

The Research Institute on Addictions (RIA) of OASAS has requested funding from the federal Center for Substance Abuse Prevention (CSAP) to support the development of a system for assessing substance abuse prevention needs at the county level. Prevention needs will be identified using leading indicators from the areas of health, social services, criminal justice, education and demographics. OASAS will use this information in its annual local services planning and budgeting process.

Prevention Program Effectiveness

Alcohol and substance abuse providers continue to participate in performance assessment approaches to prevention programming, targeting specific services to identified populations in order to achieve defined performance targets. A priority for the substance abuse network is refinement of reporting system components. OASAS is developing a process for validating successful prevention programs with an eye toward replication of these models.

The state continues to assist schools in implementing effective substance abuse prevention programs that utilize multiple social systems in the community; developing programs that meet the needs of identified target populations; advocating for consistent "no use" messages to youth about alcohol, tobacco and other drugs from parents, schools, law enforcement and community professionals; conducting comprehensive prevention efforts within the context of overall health promotion programs; and reaching out to parents and families to involve them in the prevention process. Schools and communities are particularly encouraged to focus on efforts to prevent the use of "gateway" drugs such as alcohol and tobacco.

TREATMENT

Progress and Priorities

Introduction

Developments in the treatment of alcohol and substance abuse are heavily influenced by broader societal trends. Crises such as AIDS and homelessness, poor health and inadequate access to health care, and deteriorating economic conditions radically alter the mission of the alcohol and substance abuse services field. Treatment providers are required to address the needs of clients with multiple problems to ensure their recovery. This may involve caring for their children, rendering basic health care services, helping them obtain transportation, housing, welfare benefits or other entitlements, providing employment training and help in finding a job, or helping them to meet legal requirements imposed by the criminal justice system. Treatment agencies also must coordinate their efforts with a variety of social services, health, criminal justice, and educational agencies which have responsibilities and interactions pertaining to those in treatment.

Through the work begun by ADAC, we have developed and continue to add cross-system linkages and more multi-service models which provide the kind of comprehensive services necessary to meet the increasingly complex needs of clients. This chapter describes some of the initiatives that are currently addressing these needs. The Criminal Justice section discusses programs which primarily serve offenders.

1994 Priorities

Our overriding goal in treating persons with drug and alcohol problems is to be able to provide treatment on demand for all, along with the supportive services necessary to aid recovering abusers to return to a full, productive life. While we still have much to do to reach this goal, New York has made significant progress over the past five years in expanding drug and alcohol treatment capacity. Still, treatment waiting lists persist and there are thousands more who could be encouraged or compelled to seek help through institutions such as the health care or criminal justice systems. In particular, there is a shortage of residential program beds, which are necessary to serve the most seriously disordered individuals.

We will address this need by opening more than 800 new community program beds for drug and alcohol abusers in the OASAS system in the coming fiscal year. At least 750 new treatment beds will be established in the state correctional system, and development of nearly 600 community residence beds for mentally ill chemical abusers will continue. New outpatient program slots for more than 200 drug abusers also will open.

Many of the new treatment beds that are slated to open over the next several years will serve special needs populations with a high incidence of substance abuse, such as the homeless, the mentally ill, criminal offenders and those under Division for Youth custody; or those for whom recovery presents unique problems, such as women who must care for their children while regaining control over their own lives. Initiatives such as Family Support Communities, for women with children, and the Singles Treatment and Employment Program, for homeless substance abusers, demonstrate the state's commitment to these special populations.

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The tragedy of AIDS and the spread of tuberculosis among those in drug treatment programs demands that we increase efforts to contain these deadly contagions and provide enhanced primary care services to those who have been afflicted through a number of new initiatives described below.

To be truly effective in helping people to recover from their addictions, treatment programs often must prepare their clients to live independently and successfully in the community, by giving them the skills and the opportunity to work. The 1994 Executive Budget recommends $150,000 in new funding to replicate successful employment training and job creation models such as the Binding Together, Inc. program.

The commitment to convert our Medicaid system to one based primarily on managed care presents unique challenges to treatment providers. The Office of Alcoholism and Substance Abuse Services is committed to working with other state agencies to ensure that access to the full range of appropriate and necessary services is not jeopardized through managed care agreements. Similarly, state agencies will maintain ongoing dialogue with members of Congress and national associations, to craft the optimal drug and alchol abuse benefit package under national health care reform and existing funding streams.

Treatment Capacity Expansion

New York State is committed to the goal of providing treatment services to all who need them. In spite of the ongoing fiscal strain, there has been a steady annual growth in alcohol and substance abuse treatment capacity since the inception of the Anti-Drug Abuse Council. With a combined capacity to serve 110,000 individuals daily in community and intensive prison programs, New York's treatment system remains the largest in the nation.

The table below depicts the growth from January 1989 through the end of 1993 in the census of treatment programs funded by the drug and alcohol, correctional and mental health services systems. Over 23,000 additional persons are receiving treatment each day. In addition, we anticipate that approximately 400 drug treatment beds currently under development will open in early 1994, further increasing the average daily census.

Treatment Census Trends: 1989-1993

State Agency	Residential	Ambulatory	Total
OASAS Alcoholism Tpeatment System	856	10,458	11,314
OASAS Drug Treatment System	1,551	6,635	8,186
Correctional Services	3,600	____	3,600
Office of Mental Health	371	____	371
TOTAL GROWTH	6,378	17,093	23,471

Over 95% of existing state funded treatment capacity is currently being utilized in the OASAS drug treatment system, which is the largest subsystem, serving more than 55,000 people daily. However, some program categories, such as the drug-free residential mode, generally experience utilization rates at or near 100%, dictating a need for ongoing capacity expansion which New York State is striving to fulfill.

Current Developments in the Treatment System

Treatment of Heroin Addiction

Over the past few years, heroin has become more available at very high purity, particularly in New York City. The consequences of heroin use have also become more apparent. Heroin-related hospital emergencies have increased, and admissions to state funded treatment programs with heroin as the primary drug of abuse continue to rise. In response to this resurgence in heroin use, OASAS is taking steps to maximize utilization of treatment capacity and strengthen existing guidelines and procedures for referral to programs, to help clients receive services as quickly as possible in the most appropriate treatment setting.

Intensive Methadone Program

In June 1993, the Albert Einstein College of Medicine in the Bronx opened an intensive methadone clinic, the state's first new comprehensive methadone program since 1989. Melrose On-Track provides services to 350 patients.

On-Track is structured to provide an intensive starting point for former heroin addicts through assessment and treatment, including modified day services, group intervention and structured scheduling. The program is designed to provide six months of methadone therapy; complete medical, psychological and social assessments; education about health, HIV/AIDS, family, community and treatment issues; and individual and group counseling on treatment, medical and social needs. After six months, patients will begin the transition process into other treatment settings. The goal is to motivate the client to make an ongoing commitment to treatment. To accomplish this, Melrose has an enhanced staffing pattern, with full-time medical and social services staff, including specialists in psychiatry, child care and family issues, and vocational and educational therapy.

Alcoholism Treatment Centers

The 13 Alcoholism Treatment Centers (ATCs) directly operated by OASAS play a significant role in providing short-term intensive inpatient treatment to adult alcoholic persons in New York State. Consistent with the OASAS ATC Expansion Plan, a 14-bed expansion at the Bronx ATC was completed in 1993, and the scheduled 33-bed expansion at Middletown will be completed in Spring 1994. The newly constructed Kingsboro 100-bed ATC located in the Bedford-Stuyvesant section of Brooklyn will be ready for occupancy in the Fall of 1994, representing a 67-bed increase over the current site's capacity. All told, these expansions will increase the ATC's system capacity by 114 beds in geographic areas with the greatest need.

Target Cities

OASAS has achieved national recognition for its Target Cities project, designed to improve treatment services in designated neighborhoods within New York City. The goal of Target Cities is to improve treatment by coordinating existing addiction, health, mental health, social and community services. This is accomplished through central intake, assessment and referral units that place clients in the most appropriate level of care at the treatment program that best meets their individual needs. The project

includes enhanced services for targeted populations such as women, adolescents and minorities.

The project, now completing its third year, has developed and implemented a centralized intake system for clients in Harlem and the South Bronx. The pioneering computerized system for client referral, followup, tracking and evaluation has been recommended for use by other Target Cities programs across the nation. Albuquerque, New Mexico has already introduced the New York system into its project.

At the two central intake units addiction counselors interviewed approximately 200 clients per month. Public health workers provided infectious diseases screening and counseling and case managers worked with difficult-to-place clients to assure that they entered treatment.

Target Cities conducted several forums and conferences on topics of concern to the clients served by the project. A forum on problems unique to female drug and alcohol abusers brought together leaders from the addiction and human services fields and women in recovery. A conference on cultural relevancy was held for project participants and representatives from community-based organizations. A youth forum was held for African-American and Latino youths out of which came proposals which OASAS will use as the basis for youth initiatives in the coming year. The project also sponsored a Faith Community conference in Harlem and the Bronx at which clergy, representatives from various faith communities and treatment providers engaged in dialogue.

The New York Target Cities Project has been awarded funds for two additional years. The new grant will allow the enhancement and expansion of treatment in a few specific programs. A new criminal justice component will be added to develop a better placement system for inmates returning to the community from Rikers Island.

Acupuncture Regulations

Final regulations for using acupuncture in alcohol and drug treatment programs were made effective by OASAS on August 4, 1993. All such treatment must be provided as part of regular, licensed alcohol or drug treatment programs and cannot be provided as an exclusive service. At least 20 treatment programs in the state already use acupuncture, under previous authorizations.

Critical Populations

One of the state's key treatment priorities is "special populations with special needs." These populations include pregnant women and women with children, adolescents, HIV-positive individuals, the homeless and criminal justice populations. The priority placed on helping these special groups comes from the recognition that their members have common needs for services beyond traditional treatment. Failing to meet these special needs means we will ultimately fail in our attempts to treat the drug abuse problems. For each of these special populations, state agencies have developed targeted, multi-faceted programs to address special needs.

Elements of targeted responses vary widely, and include new training modules; cross-system training; new public education campaigns; expanded outreach services; new intervention models; and new treatment services components and program tracks and discrete program models.

Federal Funding for Programming for Critical Populations

The federal Critical Populations Grant Program reflects this same priority. New York programs receiving grants in the two phases of the federal program are excellent examples of the diversity of programs developing for special populations.

In Program I, two treatment providers have shared a $1.2 million grant administered by OASAS. **Albert Einstein** provides to methadone patients and their families supportive services that are not typically available within a methadone clinic. **Project Return** provides enhanced services for mentally ill chemical abusers (MICAs) and substance abusing pregnant women, designed to mainstream them into a therapeutic community-type program, using an interdisciplinary team approach.

In Critical Populations Grant Program II, four providers will share a $1.5 million grant:

- **The Department of Homeless Services of New York City** will provide a supported work program for 30 women. The project will incorporate substance abuse treatment with a four-phased work therapy approach of increasing responsibility. The program will provide a stipend.

- **New York University Medical Center** will develop a model treatment system for disadvantaged minority patients who are cocaine addicts. It will incorporate a culturally sensitive self-help approach into an integrated system of care involving three innovative treatment programs at Bellevue Hospital.

- **Samaritan Village** plans to implement a comprehensive array of program enhancements that, when combined with existing program services, will address the multiple health and social service needs of African-American and Latino substance abusers.

- **Sullivan County** will provide an intensive outpatient program for substance abusing women and women with children. The program will be targeted to minority women in rural parts of the county.

Capacity Expansion Program I provided OASAS with over $600,000 to support two treatment providers. The **Week-End Center** provides comprehensive substance abuse services to pregnant and postpartum women and their infants in Yonkers, and seeks to establish a network of related service providers to address their overall needs. **Covenant House/Under 21** provides residential substance abuse treatment services to homeless adolescents in New York City. The project stresses a continuum of care and integration with other community services.

Under the Capacity Expansion Program II, OASAS received nearly $150,000 to support the expansion efforts of **Inwood House**, which will be using funds to expand day treatment services for women and children.

Under the Capacity Expansion Program III, OASAS received over $570,000 to support **Project Return**. This provider will be undertaking a unified, comprehensive approach to service provision that targets women who are dually afflicted with addictive and psychiatric illness, especially those that are poor, minority, and have children.

Women, Children and Families

Recognizing that our future rests with our children, New York State gives priority to programs targeting families, and particularly pregnant women and women with dependent children. The state's commitment to this population has included the expansion of mother/child residential treatment programs from three in 1992 to seven in 1993, and specialized services for homeless pregnant women and their children in six voluntary shelters, through a special New York State legislative appropriation. In addition, OASAS will launch an intensive capital program to develop approximately 18 **Family Support Communities** over the next two to three years. These projects, which are designed to provide a comprehensive treatment

continuum for women with children, will serve approximately 700 women and 1,000 children at a time.

Particular problems of women with children will be addressed in a number of programs. **Residential Treatment Projects for Women and Their Children** is a five-year federal grant program that provides over $970,000 in the first year to initiate a residential treatment program for 24 women, accompanied by their children. Counseling, relapse prevention, and twelve-step groups in English and Spanish will help these women deal with substance abuse, codependency and issues of sexual abuse.

Parents in drug treatment will have additional options for **day care** for their children through a $500,000 grant program. OASAS will be working with treatment providers to educate them on provisions of new legislation mandating early intervention services for children at risk of developmental delays. Children of substance abusers often have or are at risk of developmental delays.

Even earlier intervention will be available through a Health Care Financing Administration (HCFA) demonstration project. The goal is to provide better access to treatment and enhanced services for **pregnant substance abusers**. Treatment providers in designated neighborhoods with high infant mortality and morbidity rates will receive Medicaid reimbursement for non-traditional, ambulatory treatment programs as well as residential facilities which are not normally eligible for reimbursement. Reimbursement will also be available for such services as transportation, child care, nutritional counseling and parenting education. Providers are located in Brooklyn, the Bronx, Manhattan, Buffalo, Newburgh and Syracuse. It is anticipated that over 600 pregnant, substance abusing women will be served.

To maintain families by preventing the abandonment in hospitals of infants and young children, DSS has received a grant under the Abandoned Infants Assistance Act. The New Life/Better Life program at Kings County Hospital Center focuses on at-risk pregnant and postpartum women and infants or young children with positive toxicology reports, identified as HIV-positive, or multiply handicapped. The program provides substance abuse counseling, case management, monitoring of medical needs, and home visits and support services in English, French, Spanish and Creole.

Many of the problems of substance abusing pregnant women and women with young children are more difficult to treat because these women live in shelters. OASAS and DSS have instituted ambulatory treatment services in approved **family shelters**. This program allows mothers to keep their children with them in the shelter while participating in the program, rather than losing their children to foster care. Currently, there are programs in operation at the following shelters: Saratoga Family Inn in Queens; Island Family Inn and Hospitality House on Staten Island; Bushwick Family Residence Center in Brooklyn; Casa Rita in the Bronx; and The Haven and The Rockland County Department of Mental Health in Rockland County.

The Department of Social Services has developed a number of staff training programs to enhance the ability of child welfare caseworkers and their supervisors to identify and work with substance abusing families. Different courses target particular segments of the client population, or particular problems.

The purpose of the **Women, Infants and Children Program** (WIC) substance abuse initiative is to increase WIC participants' access to information about the dangers of drugs including alcohol, tobacco and the misuse of over-the-counter or prescription medications; and to facilitate referrals of participants for

counseling and treatment. This initiative is mandated in all WIC local agencies in New York State, reaching an estimated 479,000 participants which includes nearly 95,000 pregnant, postpartum, and breastfeeding women.

During the certification process, all WIC participants are provided with information regarding the dangers of drugs and referral information. All pregnant, postpartum and breastfeeding women are screened for substance abuse. Any woman identified as having or suspected of having a problem is referred to drug or alcohol treatment or counseling programs for further assessment and services. DOH coordinates its referral and outreach activities with OASAS.

Cigarette smoking is the leading cause of low birthweight. It also has been associated with an increased incidence of pregnancy complications, poor birth outcomes, and infant morbidity and mortality - the very same problems that the WIC Program seeks to eradicate. The WIC **Prenatal Smoking Cessation Program** (PSC) began in April 1992 as a pilot project in four WIC local agencies. As of November 1993, the PSC program had been implemented in 31 local agencies. The program's goals include a 10 percent cessation rate and 25 percent decrease rate in smoking behaviors among WIC prenatal women. Preliminary data from the 31 pilot sites are encouraging. Self-reported cessation rates are at 16 percent and an additional 48 percent of the women enrolled have reported a decrease in smoking behavior. Center for Disease Control funding for this program ended September 30, 1993. However, the goal is to implement the PSC Program in all 93 local agencies in New York State.

Youth Services

In cooperation with the Governor's "Decade of the Child" initiative, the ADAC agencies have been seeking out innovative ways to coordinate services for youth. Among the most promising projects have been those developed through cooperative relationships between OASAS and the Division for Youth (DFY). OASAS licensed outpatient programs are already operating at four of the 16 DFY 25-bed residential facilities, with discussions under way regarding certification and staff training at the other facilities. OASAS is also considering the use of DFY's Aggression Replacement Training model in substance abuse treatment programs that serve a large proportion of youth. This effort could serve as a valuable addition to the state's effort to reduce and prevent violence.

OASAS, DFY and the New York City Mayor's Office of Drug Abuse Policy are in the third year of a four-year program to develop model comprehensive drug abuse treatment programs for adolescents involved in the juvenile justice system. DFY conducts the **Intensive Home Treatment and Supervision Program** (I-HITS) that provides intensive community-based treatment, support and supervision to youths and their families. These youths would otherwise require lengthy periods of residential care. In addition, New York City has established a citywide adolescent treatment network, and improved treatment services for adolescents in detention, on probation, and in foster care.

Mental Illness and Chemical Abuse

There continues to be a steady growth in the number of persons diagnosed with mental illness who also abuse drugs or alcohol (MICAs). Based on the 1991 OMH Patient Characteristics Survey, an estimated 11.8 percent of the 145,113 individuals seen in the public mental health system during an average week (or 17,101 persons) have a designated mental illness diagnosis and a clinician-rated secondary disability related to alcohol or substance abuse. Compared to the 1989 survey results, the proportion of individuals diagnosed with mental illness and concurrent alcohol or substance abuse

problems had increased by five percent. In addition, local alcohol and substance abuse programs admitted 8,000 persons with severe co-existing psychiatric disorders.

Individuals with concurrent mental illness and addiction problems present major challenges to the existing mental health, alcohol and substance abuse service systems. The label of MICA or dually diagnosed implies a singular population with common problems. However, the reality is far more complex. There are multiple substance abuse patterns in various combinations with several co-existing psychiatric disorders, clearly demonstrating a heterogeneous population with multiple needs.

Legislation enacted in 1993 mandated that the Commissioners of OMH and OASAS submit a report to the Legislature identifying existing services and unmet needs of MICAs, including those persons who are homeless. These agencies also were required to provide recommendations for changes in statute, regulation, policy, level of funding and redirection of funding to close identified gaps in services and address other barriers to the provision of appropriate services to these individuals. A MICA task force of key providers was convened, and its work was presented at a conference in November 1993. The final report to the Legislature, which reflected the proceedings of the conference, was submitted in early 1994.

During 1993, OMH continued to support existing specialized MICA emergency, outpatient and community support programs. Other programs, such as Intensive Case Management (ICM) and Comprehensive Psychiatric Emergency Programs (CPEP), and the reconfiguration of outpatient programs have been flexibly designed to be more responsive to the needs of persons with mental illness and co-occurring substance abuse disorders. Development began on many new programs with MICAs as a target population.

Twenty additional ICM's were allocated to specifically serve the MICA clients who were rostered. In addition, three new CPEP's were licensed to bring the total to ten across the state. More than 180 new outpatient programs have been approved to pursue licensure through the Certificate of Need process and are in various developmental stages. Many of these programs indicate MICA as a target population, with seventeen of these programs identified as discrete MICA services.

In 1993, funds were appropriated to expand the capacity of OMH's residential programs to serve MICA individuals, particularly by hiring drug and alcohol abuse counselors for residential treatment programs. In addition, OMH supports 419 community-based residential drug treatment beds for MICAs and has 565 additional beds under development.

In 1994, community-based residential options for MICA clients will be expanded. OMH and OASAS will continue to collaborate on initiatives for homeless dually diagnosed persons, such as the Shelter Plus Care grant which these agencies received from the federal Department of Housing and Urban Development.

OMH has supported training activities for over 8,000 staff and consumers in areas which include clinical issues, assessing and treating MICA clients, training for emergency room staff and self-help and peer support initiatives.

Under terms of the Community Mental Health Reinvestment bill enacted in late 1993, $30 million will be available over the next five years to expand programs for homeless persons with mental illness and persons who are mentally ill chemical abusers.

Persons with Developmental Disabilities

OASAS is collaborating with OMRDD to jointly certify a residential program for alcohol

dependent persons with developmental disabilities, which will be located in Poughkeepsie and will serve a three-county region. Renovations for the 13-bed residence are being funded by OASAS. The staffing will include both clinical alcohol and developmental disabilities expertise. Residents will participate in the program for up to 18 months and move on to supportive or independent living arrangements. This unique alcohol recovery home is expected to open in early 1994.

The Homeless

The ADAC agencies work together with various local agencies to provide service to homeless individuals and families across New York State. A significant number of homeless persons have alcohol, substance abuse, or mental health problems and require a range of treatment and support services that must be provided through multiple agencies.

Proposals have been submitted for the **Singles Treatment and Employment Program (STEP)**, a residential treatment program that will provide substance abuse treatment, educational and vocational training to 400 homeless men and women. STEP is a cooperative effort of state and City agencies administered by the New York City Department of Mental Health, Mental Retardation and Alcoholism Services. Its three-step approach combines alcohol and substance abuse treatment; adult education, including vocational and life skills training; and transition to gainful employment and permanent housing. STEP will be funded through federal and state entitlement programs and through additional, equally shared City and state contributions.

To deal with the increasing problem of alcohol and substance abuse by clients in single adult shelters, DSS, OASAS and OMH introduced a number of programs at shelters for men and women. Alcoholics Anonymous/Narcotics Anonymous programs and SCAIT (Shelter Chemical Abuse Intervention Team) services are available in all shelters. **STAR (Short Term Assessment and Rehabilitation)** is an enriched service delivery program at the Greenpoint Shelter for Men and the Willow Avenue Shelter for Women that utilizes a modified therapeutic community approach to prepare participants for long-term treatment. The Supported Work Program at Greenpoint and at Forbell combines a rehabilitative group process with work activity to assist male alcoholics to maintain sobriety.

Clean and Sober Dorms are discrete sleeping areas at a number of shelters that provide a safe haven and supportive groups in the evening to complement the clients' participation in a community-based day program. The Kenton Residence provides a substance-free environment for employed and employable men in recovery. Residents attend relapse prevention groups and prepare for a return to the community with the support of such services as vocational training referrals, job placement and independent living skills training.

As part of the **Continuum of Care for Homeless Veterans** program, resources are focused on homeless veterans with alcohol and drug dependency needs. State veteran counselors provide intervention services for homeless veterans, individual assessment, case management and referral for alcohol and drug abuse treatment and health care. Counselors also deliver on-site services, evaluations and advocacy at the Bellevue Veterans' Intake and Assessment Center and the 119th Street Single Room Occupancy Residence.

During 1993, New York State continued to expand treatment services to homeless veterans with the development of a residential treatment facility in Manhattan. OASAS and the DVA planned this facility to house a program for homeless veterans with Post Traumatic Stress Disorder, alcohol and drug abuse, and other problems associated with their military experience. This facility will offer much needed

treatment for these veterans in a community environment and will be part of the Continuum of Care that includes programs such as the Borden Avenue Veterans Residence.

The DVA also counsels and advocates for veterans with chronic diseases and disabilities such as HIV/AIDS. In a program which was started at the Brooklyn VA Medical Center in 1992, State Veteran Counselors identify veterans who are homeless substance abusers suffering from Post Traumatic Stress Disorder, AIDS and other disabilities and arrange appropriate treatment. Due to the success of this initiative, this program will be expanded in 1994.

Veterans

The Division of Veterans' Affairs (DVA) continues to advocate for the development of additional human service programs that target alcohol and drug abuse and mental health problems among veterans. These problems frequently are associated with those who have experienced the trauma of combat. Development of community-based programs continues to be an important link in the chain of human services for veterans and their families. Understanding veterans as a distinct population with special needs and abilities is an important theme in sensitivity and awareness training and program development.

Integration and Coordination of Health Care Services

One of the critical issues facing the alcohol and substance abuse field is the tumultuous change occurring in the delivery and financing of health care services and its impact on substance abuse treatment. In addition, the increase in AIDS, tuberculosis (TB) and sexually transmitted diseases (STDs) among alcohol and substance abusers, combined with their limited access to primary health care services, strains the ability of existing systems to provide needed care to this population.

Managed Care Special Care Agreement

America's health care system is changing rapidly, with managed care (or utilization review) a key component in the changing environment. The chemical dependency treatment field, which fought to be included in the legitimate health care arena, now faces the impact of managed care on its system. A subset of managed care, managed alcoholism and substance abuse dependency care, is the issue of the 1990s for the addictions treatment field in both the public and private sectors. While previously it impacted only treatment providers that billed private insurance, the introduction of managed care into New York State's Medicaid system has dramatically expanded its impact on the entire treatment system.

Because of the rising state and local costs for the Medicaid program, Chapter 165 of the Laws of 1991 requires DSS and local social services districts to develop plans and implement managed care programs for the Medicaid population. The goal is to enroll 50 percent of the Medicaid population in a managed care program within five years after a local plan is approved.

Local social services district plans for Medicaid managed care may include special care provisions for mental health, mental retardation, alcoholism, and substance abuse services. If local districts opt to include special care, plans must include special care managers, as well as a range of special care providers. Districts that do not elect to include special care in their plans must nevertheless provide for incidental special care for enrollees. More intensive special care will be provided under current fee-for-service arrangements.

OASAS, OMH, OMRDD and DSS have signed an interagency agreement to implement Medicaid

managed care for their respective special care populations. A series of public forums were held to elicit comments and recommendations regarding this agreement.

In response to concerns raised at these forums amendments to the agreement are under consideration. A working group has been established to develop protocols for linkages between managed care companies and special care providers. Another working group, led by DOH and including the special care agencies, will offer recommendations regarding quality assurance monitoring of managed care providers of the special care services that are offered.

The overall concern of special care consumers and providers remains access to appropriate care. Providers and consumers agree that it is important to retain a special care network of community-based programs that responds quickly and appropriately, and in a very professional way, to the special needs of alcoholism and substance abuse clients.

HIV/TB Initiatives

The HIV epidemic is an unending tragedy for the clients of substance abuse treatment programs, their families and the providers who serve them. HIV seroprevalence among methadone maintenance treatment program clients hovers between 30 and 40 percent, with individual clinics experiencing twice these rates. Alarmingly, HIV infection among drug abusers with non-injection histories, especially crack users, is rising. Two groups in particular, women and adolescents, are experiencing rapid increases in HIV infection. In 16 treatment programs with HIV primary care grants, 62 percent of infected clients are HIV-symptomatic or diagnosed with AIDS.

OASAS and the AIDS Institute have responded to the HIV epidemic among substance abusers with a series of projects designed to expand treatment services, develop and sustain an HIV service continuum within the provider network, and develop an aggressive, integrated HIV street outreach service.

Primary responsibility for coordinating the substance abuse and HIV/AIDS treatment of clients rests with the 142 **HIV Coordinators.** Coordinators assist treatment staff on HIV issues and serve as agency liaisons to other HIV care-giving systems. They also directly counsel HIV-positive clients.

Confidential **HIV antibody counseling and testing** is an essential component of an HIV service continuum within treatment settings. OASAS has encouraged its provider community to participate in federal and state funded HIV testing programs. There are two initiatives in drug treatment programs. The first, funded by the Centers for Disease Control (CDC), offers on-site confidential testing, referral for medical care and ongoing support for those who are infected. Through June 1993, more than 26,000 tests had been conducted identifying 4,032 HIV-positive clients. Referrals for needed services have been successful for 88 percent of these individuals.

The second initiative offers HIV antibody counseling and testing through the Early HIV Primary Care Enhanced Medicaid Rate program. Currently, 39 drug treatment programs offer on-site testing through this initiative.

Acknowledging the strong link between substance abuse, HIV infection and TB, OASAS has collaborated with the AIDS Institute and the New York City Department of Health to provide directly observed prophylaxis therapy (DOPT) for treatment clients who are at high risk for HIV. Through this initiative, it has been determined that almost half of the clients who test positive for tuberculosis infection (PPD+) are also infected with HIV. OASAS has responded with a program based on the principles of early

detection, directly observed therapy, environmental control, and cooperation with public health authorities. This has translated into several initiatives:

- With a capital appropriation of $2.6 million in 1993 and an additional $2 million recommended in 1994, OASAS has moved to decrease the risk of TB transmission in the most vulnerable methadone programs, alcohol crisis centers, and state operated alcohol treatment centers (ATCs). The assessment and installation of TB environment control devices are planned for 36 methadone programs and crisis centers and 13 alcohol treatment centers.

- Methadone patients with active TB who are no longer infectious, receive TB medication when they receive methadone through DOH's Medicaid Directly Observed Therapy program. Thirteen methadone programs in New York City currently participate in the program.

DOH and OASAS are providing funding to enhance **HIV primary care** in drug treatment programs by offering on-site HIV counseling and testing, comprehensive HIV medical evaluation, drug and immunotherapy treatments, and comprehensive case management services. Sixteen programs are funded and operational and have an HIV caseload of approximately 1,500. In 1993, $600,000 more was made available to expand the initiative. Two to three more programs will be funded serving an additional 2,000 to 3,000 clients.

Drug use by injection is the predominant risk behavior for new AIDS cases in New York State. More than 26,000 injection drug users have been reported with AIDS. An estimated 260,000 individuals in the state are at risk for HIV as a result of their drug use behaviors. DOH is authorized to give waivers for **needle exchange programs** as part of a comprehensive harm reduction program. Six programs receive state funds from DOH to provide harm reduction services, and four programs receive funding from the American Foundation for AIDS Research. To date, over 11,000 injection drug users have been enrolled in these programs, with more than 2,200 participants referred for HIV counseling and testing, health care and drug treatment.

Recent studies have shown that where needle exchange programs exist, there is a substantial reduction in the number of injections with dirty needles. Further, there is no evidence to support fears that the availability of needles promotes or increases intravenous drug use.

Healthcare Intervention Services

Healthcare Intervention Services (H.I.S.) is an award-winning program that screens hospital patients for alcohol and other drug problems and refers them for treatment. During the four years the program has been in operation, the service has expanded both its scope (i.e., total number of patients served) and its effectiveness (i.e., percentage of patients being reached, accepting help and appearing for treatment). H.I.S. owes this success to the structured approach utilized by the 18 demonstration hospitals.

Recent changes in the Public Health Law have improved funding for H.I.S. and OASAS plans to utilize the H.I.S. model in primary care, child welfare and vocational services settings.

OASAS has been granted nearly $800,000 by the Robert Wood Johnson Foundation to analyze the program and determine what factors contribute to its success. RIA staff, with other researchers from Brown University Center for Addictions Studies, are leading this evaluation. After the evaluation is completed this year, OASAS will use the results to extend this money-saving program to health care facilities statewide. Finally, in view of the impact of alcohol and drug-related violence on emergency rooms and other health care settings, OASAS is considering

expansion of the model to reflect the agency's anti-violence agenda.

Community Drug Assessment and Treatment Systems Program

Based on the H.I.S. program model, the Community Drug Assessment and Treatment Systems (C-DATS) program is being implemented jointly by DOH and OASAS. The C-DATS program requires primary care providers to conduct tobacco, alcohol and illicit drug use screening and problem assessments, and provide brief and full interventions and case management services. Patients requiring further personal assessments or certified drug or alcohol services are referred to appropriate providers.

DOH has approved five sites for C-DATS funding. DOH will provide $1 to $2 million to support the C-DATS program in the current fiscal year. In the future, DOH expects to expand the program to additional providers and to develop an outcome evaluation design and a client-specific data base.

Integration and Coordination of Other Human Services

Alcohol and drug abuse impacts the lives of millions of New Yorkers. Drug and alcohol abusers and their families require an array of services to assist them in breaking the pattern of addiction. Many require, in addition to health care services, support services such as educational and vocational training. To provide the coordinated multi-faceted treatment necessary to truly aid persons with substance abuse problems to realign their lives, treatment providers must recognize the necessity of these support services. At the same time, providers of these services must be trained to recognize that addiction is often a contributing factor in individual and family problems. Described below are some initiatives that offer needed services to alcohol and substance abusing individuals and their families, and training to human services providers.

Vocational-Educational Services

Clients being treated for substance abuse often lack the skills necessary to cope with the labor market. Vocational-educational services providers must understand the special skills needed to work with clients in treatment. OASAS and other human services agencies, particularly the Office of Vocational and Educational Services for Individuals with Disabilities (VESID), have collaborated on initiatives to enhance and expand services to individuals with disabilities. After these agencies agreed upon criteria for the referral of alcohol and substance abuse clients to VESID, the number of alcohol and substance abusing individuals in VESID's caseload increased from three to sixteen percent.

Train the Trainer

In September 1993, OASAS, VESID and New York University collaborated to train 60 staff members from independent living centers, substance abuse treatment programs, ACCESS Centers for parolees, rehabilitation facilities and VESID counselors to provide vocational services for substance abusers. This developed a cadre of individuals that would be available to conduct additional training for other human services agencies.

Early Intervention Grant

A three-year grant for $510,000 is funding an Early Intervention Program for clients in New York State's VESID system. This grant will identify those VESID clients who have previously undiagnosed drug problems. Once identified, these individuals will be referred to staff located in VESID offices in Hempstead and Utica, and supervised by the Nassau County Department of

Drug & Alcohol Addiction and the Independent Living Center, respectively. The early intervention staff will determine whether an individual needs treatment or support services to enable them to complete their vocational rehabilitation program.

Pilot Project with Residential Treatment Programs

VESID and OASAS have established vocational rehabilitation programs at two upstate residential treatment programs. Services will be provided to residents who will return downstate at the end of their treatment. The programs include nursing assistant, clerical support and food service training at the residential facilities and placement help in the community to which they return. The pilot will be evaluated to determine if these services improve the likelihood that clients returning to the community will have the skills necessary to find employment.

Client Participation in Employment and Vocational Activities

In 1993, a random survey of clients in the drug treatment system provided objective data on the demography, literacy and vocational-educational characteristics, interests and needs of the substance abusing population for the first time. The survey revealed that about 20 percent of unemployed clients are employable and could be helped to achieve economic independence. It also revealed that the majority of clients have severe obstacles to employment, including low literacy levels (40 percent had less than a ninth grade reading level, 20 percent are functionally illiterate). These clients require a range of interventions of one year or more in order to become and remain employed.

The most encouraging statistic about the participation of substance abuse treatment clients in vocational activities is that, for the first time in a decade, the decline in employment for these individuals has stopped. In addition, there has been a modest increase in the percentage of substance abuse treatment clients who attend educational or skills training programs.

OASAS has also initiated a vocational data collection pilot project at 50 alcoholism treatment providers. This will allow OASAS to establish a data base against which to monitor future progress.

GATEWAY

Gaining Access to the Emerging Workforce for Adults and Youth (GATEWAY) is a collaborative state and local effort to provide high-risk youth with employment and training, education and other support services. OASAS provides on-site addiction services at Job Corps settings, to help ensure that individuals who are willing to seek employment or improve their work skills have access to a range of high-quality services.

Binding Together, Inc.

Binding Together, Inc. (BTI) is a business with annual revenues exceeding $1 million, two-thirds of which are generated through the sale of photocopying and binding services to New York City's legal and financial sectors. This business was established in 1988 with state funding, for the express purpose of training and placing homeless substance abusers into competitive employment.

OASAS identified an industry experiencing shortages of qualified workers, provided the capital investment and initial operating revenue, and revised their administrative procedures to accommodate this experiment - all with the expectation of creating a new effective model of substance abuse rehabilitation which progressively requires fewer public funds.

By all measures, BTI has been an unqualified success. More than 200 formerly homeless substance abusers have graduated from BTI, 85 percent of whom have been placed in competitive employment. Previously all these individuals had been dependent on public assistance and Medicaid.

Although the state and New York City partially fund BTI, it has been the involvement of the printing and binding industries, which developed the blueprint for the business enterprise and the training program, which has ensured its success.

CRIMINAL JUSTICE

Progress and Priorities

Introduction

Substance abuse inflicts a variety of serious injuries on individuals and society. The physical health of the individual drug abuser is damaged and so is the capacity to function productively in society. Children are injured both before birth and from the reduced capacity of many addicted individuals to parent effectively. An increasingly devastating consequence of the current drug abuse problem is the violence and the climate of fear which it fosters.

Drug-related violence comes in many forms, and it is often lethal because guns are involved. The illegal drug enterprise is a major market for the companion, illegal gun business. Competition among drug importers, traffickers, street dealers and gangs frequently includes armed conflict. Tragically, through these altercations many innocent adults and children are injured or killed. The use of guns by drug abusers seeking money to support their addiction frequently results in death or injury. Thus it is imperative that we remove these instruments of death from our midst.

While there has been a reduction in violent crime in the state for the past two years, the level of violence remains intolerably high. Moreover, much of this violence is clearly and inextricably linked to the business of illegal drugs. Therefore, law enforcement efforts against the drug industry must be vigorously pursued. This continued effort is necessary to reduce the physical and social damage caused by ingestion; to reduce the level of violence among our adult population, and to avert the legacy of violence being passed to our children.

But we know that law enforcement alone will never solve our drug problems. While we work to make our streets safer we must also treat the underlying substance abuse problems that are often the cause of the violent behavior that threatens us all.

1994 Priorities

New York State has done much to help its citizens and law enforcement agencies combat the scourges of drugs and violent crime. Over the past eleven years, we've built more prison cells than in the first 200 years of state history. We've enacted tough new laws to increase penalties for drug crimes and other offenses. Our State Police strength has been increased to some 4,000 members, including nearly 400 narcotics investigators. We've established multi-jurisdictional drug enforcement task forces, and have increased the level of cooperation among various law enforcement entities and levels of government. Technological advances are improving our ability to solve difficult cases. And we've been able to partially offset the cost of these gains, by seizing ill-gotten assets representing the fruits of crime.

We have also learned, though, that where drugs and crime are involved, it is not enough to be tough. We must also be smart. We cannot guarantee a prison cell for every violent criminal, if these beds are filled by non-violent drug

offenders who need help with their addictions more than a prison cell. We've come to understand that it is more sensible, compassionate and economical to treat these people and teach them to lead productive lives, than it is to endlessly cycle them through the criminal justice system without any assistance. Therefore, we've invested heavily in community and correctional treatment programs for drug and alcohol dependent offenders and we must continue to do so.

Our 1994 criminal justice anti-drug agenda focuses first on expanding treatment options for drug and alcohol dependent offenders. Incarcerating non-violent people does little to improve public safety and does not warrant the billions of dollars that state and local governments are spending.

More than three-quarters of the inmates in New York's prisons have histories marked by drug and alcohol abuse. Many of these individuals could be supervised and treated effectively and safely in the community. However, judges and prosecutors are constrained from making sensible choices with respect to individual offenders by rigid sentencing laws which limit or remove their options.

This year, second felony reform legislation will be proposed that would allow non-violent drug offenders who now must be imprisoned to receive alternative sanctions. Over $4 million in new funding recommended in the Executive Budget would be used to supervise and treat alternatively sentenced second felony offenders, as well as others serving non-mandatory prison terms, in community programs.

While modification of existing laws would restore discretion and sanity to the judicial process, we still must work within the framework of current statutes to help as many offenders as possible overcome their addictions. We have already reserved 300 residential drug treatment beds for the highly successful Drug Treatment Alternative to Prison (DTAP) program, and will dedicate at least 50 more beds this year.

Treatment programs for state prison inmates also will continue to expand. In order to accomplish the goal, the conversion of an existing 750-bed prison to a Comprehensive Alcohol and Substance Abuse Treatment (CASAT) facility has been proposed. We are planning to add 750 more prison treatment beds next year through the conversion of the Gowanda Psychiatric Center.

We hope that Congress will support the direction of President Clinton's new federal anti-drug strategy, and will swiftly enact a crime bill. These measures would provide New York with significant resources to treat criminal offenders and other persistent drug users. It is especially critical for Congress to adopt the National Drug Control Strategy's recommendation to award the states new block grant funds for treating hard-core users based on objective measures of need. New York would benefit significantly from such a patently fair and sensible approach.

If we are to mount a successful attack against drug abuse and crime, it is vital that the state do all it can to help communities hold the line against those who victimize others. State Police support for drug and violence plagued upstate communities will be increased through the addition or redeployment of 100 investigators, in an initiative known as Operation Firebreak. A fifth Community Narcotics Enforcement Team will be established in the Southern Tier. In addition, funding will be increased to enable Neighborhood Based Alliance sites to establish police and community anti-drug partnerships through the COMBAT program, which is described later. A Gun Retrieval and Interdiction Program (GRIP) also will be established in New York City and select upstate communities, to facilitate the arrest and prosecution of illegal gun traffickers and the confiscation of weapons.

A comprehensive menu of legislation will be proposed to deal with drugs and violence, including Governor Cuomo's "three strikes and you're in" measure which would result in the life imprisonment of persistent violent criminals. Other bills would restrict the availability of assault weapons, high-bullet capacity handguns, and large-scale ammunition feeding devices.

Law Enforcement Initiatives

Street-Level Enforcement Activities

Community Policing

Individualized, local approaches toward community policing are being implemented in several areas of the state. A common element of these efforts is a concentration on reducing the amount of drug activity and the levels of violence within the targeted neighborhoods. The primary technique employed in community policing is building a relationship between the patrol officer and the community residents and businesses so that problems which may lead to crime can be effectively addressed to prevent crime. Community policing is proactive crime prevention as opposed to the more traditional reactive method of policework.

In New York City, community policing is one aspect of a comprehensive strategy to improve the law enforcement and criminal justice system. The overall effort is a multi-year and multi-agency strategy called "Safe Streets, Safe City". Since the inception of "Safe Streets, Safe City" in 1990, the actual number of police officers on the street has increased by sixteen percent to almost 7,700 during any 24 hour-period.

COMBAT

There are 13 Coordinated Omnibus Municipally-Based Anti-Drug Teams (COMBAT) programs located throughout the state. While each COMBAT site is tailored to local needs, the general program model includes increasing police presence in the community, improving the police and community partnership, and addressing local drug-related problems.

During 1993, local COMBAT efforts continued to achieve greater community support. For instance, the Rochester COMBAT site was expanded at the request of the community. The Buffalo site Advisory Committee was expanded to 64 community representatives. Nearly 20,000 residents have received information about the community and police partnership against drugs and violence. The Manhattan COMBAT program was instrumental in restoring order following a civil disturbance. The Newburgh COMBAT received private donations to purchase bicycles for patrol purposes. The New York City Housing Authority provided training to the Newburgh program based upon its experience with a similar effort.

Funding for COMBAT will be increased in 1994 to support enhanced law enforcement initiatives in the Neighborhood Based Alliance communities.

Community Narcotics Enforcement Teams

Since 1990, the four Community Narcotics Enforcement Teams (CNET) have provided undercover, street-level, investigatory assistance to requesting police chiefs, sheriffs and district attorneys in upstate areas. In addition, the CNET program has expanded to include the pursuit of leads related to the illegal gun trafficking which is a corollary of the illegal drug enterprise. Ninety State Police investigators are assigned to the CNET effort.

From July of 1992 through June of 1993, CNET responded to 90 agencies requesting assistance. Within these communities, the arrests and prosecutions have seriously disrupted drug

operations and sometimes completely eliminated low-level drug traffickers from these localities.

A fifth CNET is proposed for the Southern Tier of the state to respond to increasing illegal drug and gun activity along the Route 17 corridor. In addition, 50 new trooper positions are planned and 50 more will be redeployed to the existing CNET units and the Violent Crime Investigative Teams to expand the resources available to respond to drug-related violence.

Facilitating Prosecutions

In the case People v. Ryan (82 NY2d 497) the Court of Appeals held that where the level of a drug charge is increased due to the weight of the drugs possessed or sold, the prosecution must prove that the defendant was aware of the weight. This standard would make many drug possession and sale cases very difficult to prosecute at other than the most fundamental level where the possession of any amount of the substance is prohibited. The Governor and the Attorney General have submitted a bill which would eliminate the requirement that a defendant know the weight of an illegal drug he or she possessed or sold. Instead, the measure requires only that a prosecutor prove a defendant was carrying a certain quantity of an illegal drug and that the defendant knew he or she possessed or sold an illegal drug.

User Sanctions

In 1993, the Governor submitted a legislative proposal which would mandate the loss of an individual's driving privileges for a period of six months upon conviction of violating the federal Controlled Substances Act or conviction of any misdemeanor or felony drug offense. This initiative was enacted as Chapter 533 of the Laws of 1993. The law was effective September 30, 1993, and sunsets October 1, 1994.

Law Enforcement Activities Against Drug Organizations

New York State law enforcement agencies have undertaken a variety of measures to disrupt the activities of drug-dealing organizations. Statewide, six Drug Enforcement Task Forces (DETF) focus on mid-to-upper-level traffickers. These organizations bring together law enforcement investigators and prosecutors to share information, conduct investigations and provide technical assistance to local operations. The DETF's are located in New York City, Buffalo, Long Island, the Capital District, the Mid-Hudson Valley and in Central New York. Because of their multi-agency, state and federal composition, the DETF's are uniquely qualified to track drug traffickers and operate across local jurisdictional boundaries.

The State Police deploy a highly trained cadre of investigators who assist in statewide anti-drug efforts. Depending upon the needs in a particular situation, these investigators may be assigned to activities such as long-term surveillance operations, tracing money-laundering schemes, conducting undercover buys, highway interdiction, and generally supporting multi-jurisdictional investigations involving federal agents and local officials. During the 12 months preceding July 1993, these investigators worked on 182 cases and arrested 128 individuals. Seizures included $6.5 million in controlled substances, $2.4 million in currency and 165 vehicles.

New York State uses federal funding to support the Narcotics Investigation Assistance Program, which empowers small-to-medium sized local police agencies to suppress drug trafficking and street sales through intensified police investigations, arrests and seizures.

Other enforcement efforts include the Points of Entry programs, which have resulted in arrests of traffickers and seizures of cash and drugs at JFK

International Airport and along New York's western border; a State Police program aimed specifically at drug trafficking in commercial vehicles; and aerial surveillance and drug eradication programs involving the State Police, DEA, New York National Guard and other agencies.

Asset Forfeiture

The loss of property acquired through illegal activities continues to be an important consequence for apprehended traffickers. Of equal significance is that, once seized, these assets are often converted into resources for the anti-drug effort. The most recent aggregate data available on the Assets Forfeiture Reporting Program covers calendar year 1992. A total of 59 law enforcement agencies reported the aggregate receipt of $36,058,200 in cash, property valued at $568,884 and 81 vehicles under the federal adoptive sharing program, with the New York State Police receiving over $13 million. Thirteen claiming authorities reported the commencement of civil forfeiture actions against more than 356 defendants where forfeiture was used as a condition of the plea to a superior court information.

Under the New York State assets forfeiture law, 17 claiming authorities received over $7.1 million during 1992, including $2 million which was deposited into the State Substance Abuse Services Fund and over $256,000 which was utilized for restitution to crime victims.

Anti-Gun and Violence Initiatives

The proliferation of weapons and the increased use of deadly force within the drug trade all too frequently result in injury and death to uninvolved, innocent parties. To increase law enforcement effectiveness at controlling the availability of illegal firearms and apprehending violent offenders, the state is pursuing three state-of-the-art initiatives: **NITRO, DRUGFIRE and BULLETPROOF.**

NITRO will link the New York City Police Department central data base with other police departments via the state's criminal history network, creating a statewide investigative data base. DRUGFIRE AND BULLETPROOF are federal systems designed to increase the ability of forensic laboratories to access files of open cases with fired weapons. They use digital imagery to compare microscopic marks from fired shell casings and bullets recovered at crime scenes against a data base.

Law enforcement authorities have observed a shifting pattern of violent drug trafficking incidents away from New York City into upstate areas. In response to the Governor's commitment to assist upstate areas in their drug and violence-related efforts, the State Police have designed a proposal called **Operation Firebreak**. Operation Firebreak will involve 100 State Police investigators who will provide upstate departments with experienced violent crime investigators, which should improve case solvability through more effective on-site work and more effective linkages with off-site technical and information resources.

Forensic Support

The state has initiated the development of a state-of-the-art Forensic Investigation Center. Establishment of the Center includes the construction of a new facility. The preliminary construction phase is proceeding on schedule, and the target completion date remains the Fall of 1996. When completed, the Center will analyze seized drugs and drug-related evidence and provide court testimony in support of the laboratory findings.

Treating Drug and Alcohol Abuse in the Criminal Justice System

In many cases, entry into the criminal justice system is the first break in the cycle of addiction for drug dependent offenders. Each year, the opportunity exists to provide thousands of offenders with alcohol and drug treatment. New York State has developed a variety of initiatives to integrate treatment services with the criminal justice system. Like the prevention programs discussed earlier, treatment initiatives such as those discussed here also provide an important element of support to the state's effort to reduce and prevent violence.

The state's alcoholism and substance abuse treatment system provides rehabilitation services to criminal justice clients through specialized programs as well as its general treatment system. OASAS currently funds over 2,000 dedicated treatment slots for criminal justice clients. Many times that number are served at any point in time in "generic" programs. In all, during a recent 12-month period, over 26,000 admissions to substance abuse treatment, and nearly 49,000 admissions to alcoholism treatment were criminal justice referrals or reported some involvement (e.g., parole) with the criminal justice system.

OASAS also funds detoxification, treatment, and referral services for inmates in local and county correctional institutions. Inmates at Rikers Island are offered an array of services through a provider consortium. These services range from evaluation to referral to treatment, including methadone maintenance.

An OASAS contract with the New York City Department of Correction provides drug-free residential services for 100 women. The Key Extended Entry Program (KEEP) serves 400 inmates through Montefiore Medical Center. Drug-free residential services for 50 adolescents are provided by PROMESA. State funds also support assessment and treatment services in local correctional institutions in Ulster, Westchester, Orange and Nassau counties.

The New York State prison population rose over the last decade from about 25,000 in 1981 to over 64,000 by the end of 1993. In the early 1980s, drug offenders accounted for approximately 10 percent of all new sentences of imprisonment. Now, almost half of new custodial sentences are for felony drug offenses and drug offenders account for one-third of the prison population. Furthermore, this increase is attributable almost entirely to the mandatory imprisonment of non-violent drug offenders under New York's second felony law.

Unable to change these sentencing laws to date, a few innovative programs have been developed to try and accomplish the same goal of treating, rather than incarcerating, non-violent addict offenders.

Drug Treatment Alternative to Prison Programs

There are several programs throughout the state which now provide drug treatment alternatives to prison (DTAP). The first widely recognized DTAP program in New York State was established by the Brooklyn District Attorney's Office in 1990. Although other alternatives programs had preceded it, the unique feature of diverting second felony offenders who would otherwise be serving mandatory prison time became the driving force behind a range of new DTAP programs.

DTAP programs divert felony drug offenders from prison to community-based, residential drug treatment programs. The programs target defendants arrested for class B felony drug offenses who have previously been convicted of a non-violent felony offense.

In Brooklyn, eligible defendants are offered residential drug treatment in a therapeutic community for 15-24 months, which is approximately the length of time they would have spent in prison. Prosecution is deferred for those who enter the program and the charges are dismissed if they complete treatment. Recognizing the critical need for support after treatment is completed, the District Attorney's office has also formed a business advisory council to reduce recidivism by assisting defendants who complete treatment with employment and housing.

A fundamental element of the DTAP programs is the threat of prison. Because the defendants face mandatory incarceration under New York's second felony offender law, they are motivated to remain in treatment. Program drop-outs are brought back to court by a special warrant enforcement team. DTAP retention rates have therefore been high compared to other residential programs.

Other prosecutors in New York developed variations on the Brooklyn model in the last year. Most of these have involved deferred sentencing, rather than deferred prosecution. In the deferred sentencing model the defendant is required to plead guilty prior to treatment, with the plea vacated and the charges dismissed upon completion of treatment.

The viability of these deferred sentencing programs has been put in question by a recent ruling by the Appellate Division of the Second Department (People v. Terry Johnson, - AD2d -, decided October 18, 1993) which held that the sentencing court lacked authority to defer a sentence once a conviction had been entered. The decision does not apply to deferred prosecution programs, but it does emphasize the problem of not having a statutory authorization for DTAP.

Many of the DTAP programs rely exclusively on residential treatment for their clients. However, some programs, such as the one in Onondaga County, use sequential programming from residential through transitional, halfway house arrangements, to day treatment. Other programs do not require any residential treatment. The Albany County program and the programs of the Special Narcotics Prosecutor in New York City use a variety of treatment modalities, depending upon the situation of the individual offender. A few programs employ a combination of acupuncture and substance abuse counseling.

In developing the DTAP programs there has been substantial collaboration between OASAS, DCJS, courts, district attorneys and substance abuse treatment providers. OASAS identified 300 residential beds that could be dedicated to the DTAP project in New York City. The Special Narcotics Prosecutor's Office specifically requested treatment slots for defendants who were exclusively Spanish speaking. These slots were added. In response to requests by treatment providers for intake and assessment staff to process DTAP referrals, OASAS staff now provides this at the courts.

The Vera Institute of Justice has been funded to conduct evaluations of the DTAP programs, including the impact of legal coercion on retention rates.

The collective DTAP programs have demonstrated the viability of a different approach toward non-violent, addicted offenders. They have focused attention not only on the need to change the mandatory sentencing statutes, but also the benefits of doing so. And they have created new options for the state to better manage its prison population.

Addict Offender Disposition

In order to more directly address the problem of mandatory sentences, the Governor will put forward a new proposal called the "addict offender" or AO. Under the addict offender

concept, a new disposition would be established which would provide, in appropriate cases, for the substitution of long-term treatment and community supervision for otherwise mandatory imprisonment.

Those with a current felony conviction for a drug or alcohol-related offense, a history of substance abuse, current addiction to alcohol or one or more illegal substances, a non-violent criminal history, and a willingness to accept a conditional, treatment-based disposition and acceptance into a licensed treatment program would be eligible for an AO disposition. The authorized sentence for the AO would be a revokable three-year sentence of mandatory treatment and probation. The length and type of treatment would depend upon the best match between the offenders' needs and the available treatment resources. Probation would retain the legal jurisdiction over the offender during the full term of the sentence and provide active probation supervision following any period of residential treatment.

First Felony Diversion

The current DTAP programs target second felons because they face mandatory incarceration upon conviction. However, several thousand first felons are also sentenced to state prison each year and might better be served by treatment or other alternatives. The Governor has proposed the development of a program for non-violent first felony offenders who are probable candidates for imprisonment. The programs would be locally designed and, if approved, state funded. A local criminal justice work group would develop the specific model to be used in its jurisdiction, including the type of deferral, the conditions of the deferral, the treatment modalities to be used and policies regarding relapse.

Community Corrections Programs

The state's Alternative To Incarceration (ATI) Program is managed by the Division of Probation and Correctional Alternatives (DPCA). Currently, there are 29 ATI drug and alcohol programs. Nine counties receive support for Treatment Alternatives to Street Crime (TASC) programs which provide assessment, placement and case management services to individuals diverted into treatment by the courts. Thirteen counties and New York City receive funding for the remaining 20 programs, which provide a wide variety of treatment-related services to offenders in the community. These services range from assessments and referrals to actual treatment on a day reporting basis or at a local residential program.

Treatment Alternatives to Street Crime

The goals of the Treatment Alternatives to Street Crime (TASC) programs are to identify drug abusers who come into contact with the criminal justice system, refer those who are eligible to appropriate treatment, monitor clients' progress, and return violators to the criminal justice system. The efficacy of TASC programs was documented in the U.S. Department of Justice, Bureau of Justice Assistance Study of January 1988 which indicated that the model offered a beneficial and cost effective alternative to the criminal justice system for handling drug abusing offenders. Nassau County TASC estimated that their average unit service cost is $1,160 with the total program investment of $1.6 million, saving the taxpayer $9.9 million in incarceration costs. TASC outpatient drug-free clients stayed in treatment 45 days longer than clients with no legal involvement; and TASC residential clients stayed 51 days longer.

More recent data from the 1993 GAO Drug Control Treatment Alternatives Program For Drug Offenders Needs Stronger Emphasis report confirms the 1988 study. New York City TASC

data showed that 58 percent of the TASC-managed offenders stayed in treatment six months or longer, compared to only 27 percent for all clients.

TASC or similar programs serve Albany, Genesee, Kings, Monroe, Nassau, Niagara, Onondaga, Orange, Oswego, Queens, Richmond, Steuben, Suffolk, Tioga, Washington and Westchester Counties. OASAS also provides TASC-like assessment, referral and counseling services to first-time adolescent offenders involved in the Bronx Family Court.

Veterans in the Criminal Justice System

In cooperation with the Division of Parole and the Department of Correctional Services, the Division of Veterans' Affairs (DVA) is planning a program for veterans released from state correctional facilities which will address alcohol and drug dependency, among other services. In anticipation of up to 4,000 veterans expected to be released in the next five years, DVA will offer advocacy to transition veterans back to the community. Those needing treatment for alcohol and substance abuse, HIV/AIDS, or service-connected disabilities, or needing education or vocational services will be identified and offered assistance. Along with professional advocacy, counselors will make referrals to various state and federally funded services and community-based programs such as the residential veterans treatment facility planned for Brooklyn.

New York City Probation Initiatives

The state and New York City share funding responsibility for ambulatory drug-free treatment for New York City probationers, with the 1993-1994 state funding level at over $2.6 million. In conjunction with the New York City Department of Probation, more than 1,000 ambulatory slots are on-line. Probation also created Substance Abuse Verification and Enforcement (SAVE) units to provide more intensive supervision and treatment to cocaine abusers. SAVE probation Officers received special training and developed relationships with treatment programs. They have a maximum caseload of 75 clients (probation officers outside SAVE typically have caseloads of about 200) and they provide more intensive supervision and monitor treatment progress.

The federally funded Group Supervision Project employs a group approach to both treatment and supervision for selected substance abusing probationers. The specially trained project probation officers provide counseling and co-lead treatment groups. The probationers who have successfully completed the program have indicated that it has improved their ability to become and remain drug and alcohol-free.

Model Comprehensive Substance Abuse Treatment Programs for Non-Incarcerated Criminal and Juvenile Justice Populations

Through a first-year grant award of nearly $900,000 to OASAS, federal funds will be utilized by the Fund for the City of New York and Education and Assistance Corporation, Inc. to undertake substance abuse treatment services for non-incarcerated offenders. The Fund for the City of New York will initiate three tiers of intensive case management for misdemeanor and violation cases in the Times Square area of Manhattan. Offenders will receive treatment readiness services and referral for community-based treatment, and will reappear before the court on a monthly basis to report on their progress.

The Education and Assistance Corporation will provide an enhanced TASC program for the Criminal Court of Brooklyn. Services will include assessment, referral, case management, educational and vocational services, and congregate housing for convicted misdemeanor offenders. This is a three-year federal grant program.

Local Jail Programs

Local Service Teams

The New York State Commission of Correction has established Local Service Teams to focus on the service needs of incarcerated youth. In 1992, two pilot programs were established in Westchester and Ulster County. During 1993, these programs evolved into a state-of-the-art service delivery strategy which meets a wide array of service needs such as education, employment, and referral for drug and alcohol abuse. This service delivery strategy holistically treats the youth through comprehensive needs assessment and case management.

The Local Service Teams have been successful in their service delivery strategy. For example, during the first 16 months of operation, Ulster County made 172 assessments of incarcerated youth, and 94 percent of these assessments were completed within 7 days of jail admission. Of the 172 youth assessed in the program, 40 have ended or curtailed substance abuse, 26 were assisted in obtaining employment, and 54 have been in active counseling groups. In addition, 84 youth have been released through pre-trial or conditional release, based upon participation in the program.

New Beginnings Program

Westchester County has successfully integrated its local jail substance abuse treatment and its local conditional release program. In the local conditional release (LCR) program a local board can allow a jail inmate to leave jail prior to the expiration of his or her sentence on the condition that the individual serve one year on probation. In Westchester, individuals who apply for LCR who have an identified substance abuse problem must participate in the "New Beginnings" program while they are incarcerated, and must agree to participate in the Direct Treatment Alternatives to Incarceration (DTATI) program while on probation.

The "New Beginnings" program is a residential drug treatment program within the jail walls. It is in a separate housing unit. The DTATI program is an outpatient treatment program for alcohol and drug abusing felony offenders which provides intensive, all-day treatment services, through Westchester County Medical Center's Alcoholism Treatment Services. Specialized on-site probation supervision ensures that clients are engaged in a meaningful and highly structured treatment program that maintains credibility with the courts and the criminal justice system.

Parole Violators

In cooperation with the New York City Department of Correction's High Impact Incarceration Program (HIIP), the Division of Parole has established an alternative to revocation for drug-involved alleged violators held at Rikers Island. Parolees participate in a 60-day intensive treatment program, with their violation charges held in abeyance pending successful completion of the program. Upon satisfactory completion of the program, parolees are restored to supervision with a special condition of attending community-based treatment.

The first group of HIIP graduates was released in May 1991. During fiscal year 1992-93, 428 violators completed the HIIP program.

Utilizing federal anti-drug abuse funds, the Division implemented HIIP in Erie, Nassau, Onondaga, Schenectady, Suffolk and Westchester counties during the 1992-1993 fiscal year. By April 1993 as many as 1,300 parole violators were receiving treatment and being restored to supervision instead of being returned to state prison.

State Prison Programs

Despite an overall decline in felony drug arrests since 1989, commitments to state prison on drug convictions have remained nearly constant, at more than 10,000 inmates each year. This occurred because the number of mandatory drug commitments of second or predicate felony offenders continued to increase. Ten years ago, violent felony offenses yielded the majority of predicate felony convictions. By 1989 drug offenses accounted for more than half of such convictions.

The state prison system has absorbed 9,000 additional inmates in the past 34 months, while adding only 1,500 permanent beds. The increased population has been managed through innovative programming such as shock incarceration, work release and day reporting, as well as the temporary, undesirable alternative of double-bunking.

Pressure on the capacity of the prison system will continue, in part because of the state's mandatory sentencing laws, which often require the incarceration of non-violent, drug addicted offenders. If current crime rates, law enforcement strategies and correctional population management practices remain, no further increase in the prison population is projected for 1994. However, even a stable inmate population will require the Department of Correctional Services to secure some additional space in order to eliminate double bunking. In the event that there is a return to the large-scale arrest of street-level drug sellers, the prison system would need to expand its capacity in 1994 by an estimated 1,500 to 2,000 beds.

Treatment Services Expansion

The State Department of Correctional Services (DOCS) added prison and community-based treatment slots in 1993 for individuals under their custody. There now are about 3,600 intensive drug and alcohol treatment beds within the prisons, as well as 740 community-based residential (500) and outpatient (240) slots for those involved in the community reintegration phase of the Comprehensive Alcohol and Substance Abuse Treatment (CASAT) program.

The primary source of the Department's treatment capacity expansion in 1993 was conversion of Cape Vincent Correctional Facility (which formerly housed New York City Department of Correction inmates) to a multi-purpose substance abuse facility. This includes relapse beds which are used for inmates returned from temporary release status, as well as beds dedicated to the CASAT and ASAT programs which are described below.

Alcohol and Substance Abuse Treatment

Alcohol and Substance Abuse Treatment (ASAT) programs are currently in operation in 60 facilities. Twenty-four of these are residential programs where participants reside together in a special dormitory setting. Over 26,000 inmates participated in ASAT programs in 1992.

With drug treatment for women who have young children as one of the state's highest priorities, the placement of drug treatment programs within correctional settings represent a means of reaching this target populations. The Albion, Taconic, Bedford Hills, Bayview and Beacon Correctional Facilities for women house ASAT programs. In addition, the federally funded nursery program at Taconic, where mothers reside with their infants, is also a CASAT site. The women in the nursery participate with their children in a parenting skills program in the morning. In the afternoon and evenings, they receive drug education and counseling services.

Comprehensive Alcohol and Substance Abuse Treatment

The Department's Comprehensive Alcohol and Substance Abuse Treatment (CASAT) program, initiated by DOCS in 1989, consists of a three-phase continuum of drug treatment services for offenders both inside correctional facilities and in the communities.

Phase I involves participation in the institutional component at an Alcohol and Substance Abuse Correctional Treatment Center. These centers are operated as therapeutic communities. Treatment is focused on chemical dependency and includes drug education, counseling programs and the development of skills and coping mechanisms to facilitate recovery.

In phase II, or the community reintegration phase of the program, participants are housed in a work release facility, a residential drug program or an approved penal residence. The offenders continue to receive treatment for drug dependency, while becoming reacquainted with the responsibilities of employment and community living.

In addition to the six CASAT programs for male substance abusers, the Department has incorporated the federally funded therapeutic community program for women at Taconic Correctional Facility into the overall CASAT program.

DOCS is proposing to take over the Gowanda Psychiatric Center and using it to expand the CASAT program. It is anticipated that this facility will provide an additional 750 beds which will serve 1,500 inmates on an annual basis, beginning in 1995. The 1994-1995 Executive Budget proposal also recommends the conversion of 750 existing beds to expand the CASAT program.

An interagency agreement between Correctional Services and the Division of Parole was reached in June of 1992 to return responsibility for Community Reintegration Services (Phase II) for CASAT inmates to DOCS. The Division of Parole remains responsible for CASAT Aftercare Services (Phase III).

Shock Incarceration

The Shock Incarceration Program was designed to provide carefully selected inmates who are in need of substance abuse treatment and rehabilitation with a highly structured and regimented program, including considerable physical work and intensive drug therapy. New York has the largest Shock program in the nation, with an annual maximum capacity for 3,120 individuals. Since the beginning of the program, over 70 percent of the males and 88 percent of the females admitted to Shock were incarcerated for drug offenses.

A vital component of New York's Shock Incarceration Program is the Division of Parole's comprehensive "aftershock" program, which provides relapse prevention and employment services and a peer-support program.

The rate of return to prison for Shock graduates is equivalent to that of a comparable group of inmates who served longer, non-Shock terms of incarceration. Moreover, the program has resulted in substantial savings because the graduates are released to parole supervision earlier than the completion of their minimum period of incarceration. Legislation has been introduced to enable expansion of the program, by removing the restriction that prevents inmates with a prior state incarceration from participating.

Treating Domestic Violence

DOCS will be establishing a 150-bed residential therapeutic community for male offenders with documented substance abuse and

domestic violence histories. Training on domestic violence and substance abuse and coordinating transitional services will be two key program components. This program will be funded through a three-year federal grant, with a first-year award amounting to nearly $700,000.

Veterans Residential Treatment Program

The Veterans Residential Treatment Program houses incarcerated veterans together to receive in-depth, ongoing individual and group counseling for alcohol and drug abuse and post-traumatic stress disorder (PTSD). Located at three state prisons, the longest running program is at the Groveland Correctional Facility.

Accepted inmates agree to participate in the 18-month treatment program and have a personal obligation to complete 80 class meetings during the period. Counseling includes chemical abuse, sexual abuse, relapse prevention, PTSD, family relations, military experience, and detailed treatment strategy.

A 1993 evaluation by the Director of the National Center for PTSD, rated the Groveland model among the strongest treatment programs nationwide that combines the rehabilitation of PTSD, substance abuse and sexual offenders.

Parole Programs

The New York State Division of Parole (DOP) is responsible for the supervision of a growing number of offenders each year. By April 1993, there were some 55,000 parolees under supervision, more than double the number a decade ago.

Effective parole supervision is challenged by the needs of the substance abusing parolee population. Drug use is a leading factor contributing to recidivism among parolees. The Division's ability to ensure quality supervision is now more dependent upon immediate and effective drug treatment, prevention and enforcement strategies than at any time before. Over three-fourths of the parolee population have abused drugs, and over one-half have had a problem with alcohol abuse. These staggering proportions translate into more than 40,000 releasees who require assistance for drug or alcohol abuse. Continued expansion of treatment services will be necessary to keep pace with increasing needs of the substances abusing population.

The Division of Parole has implemented a multi-year Relapse Prevention Program to address the supervision and treatment needs of the parolees who have drug and alcohol-related problems. Essential elements of the relapse prevention strategy include an expansion of dedicated drug and alcohol treatment slots; an extensive urinalysis program; the continued provision of assessment, referral and placement services to parolees by skilled counselors; the provision of relapse prevention counseling services to recent Shock Incarceration program graduates; limited use of electronic monitoring; and staff development and training to enable parole officers and other agency personnel to understand addiction and to undertake effective interventions.

ACCESS

Recognizing that 18,000 inmates return on parole to the metropolitan New York City area each year, and that 70 to 80 percent have a history of alcoholism or substance abuse, the Division of Parole and OASAS entered into an agreement to serve this population. The outcome was ACCESS, a program to provide parolees with professional assessment and referral services. Current ACCESS staff of 26 individuals from DOP and OASAS operate in Parole offices in Brooklyn, Bronx, Queens, Manhattan, Mt. Vernon and Buffalo.

INTERAGENCY RESEARCH AGENDA

Introduction

In 1991, ADAC initiated a research subcommittee. The committee was charged with examining the state research portfolio and developing strategies to increase the utilization of research findings in policy and practice. In order to understand the scope and type of research that was being conducted by the ADAC agencies, the committee conducted a survey to identify and classify current research projects. This survey data base was employed both to statistically summarize the status of the state's research and as a resource for identifying individuals engaged in specific types of research.

After analysis of this data by the Council, the research subcommittee identified three areas on which to concentrate during 1992-93: updating the survey information to reflect the research being conducted by the state from July 1992 to July 1994; convening a panel of senior researchers to develop strategies for improving New York's competitiveness for federal research funding; and creating a forum for dialogue between researchers, practitioners and policymakers.

Updating the 1991 Research Survey

In the summer of 1993, the 1991 ADAC survey instrument was revised. The 1993 ADAC survey instrument and its accompanying software were revised and sent to the ADAC agencies in October for completion by December 15, 1993. Upon receipt of the data new reports will be created and distributed.

Increasing Federal Competitiveness

In December of 1992, Lt. Governor Lundine and the Commissioners of OMH and OASAS convened a meeting of leading New York researchers to identify strategies for increasing the state's competitiveness for federal funds. The meeting was prompted by two issues. First, analysis of the 1991 survey data clearly indicated that the New York research portfolio was largely supported by federal resources. Second, the reorganization of the National Institutes of Mental Health, Drug Abuse and Alcoholism and Alcohol Abuse (NIMH, NIDA and NIAAA) into three National Institutes of Health (NIH)-affiliated research institutes and the creation of the Substance Abuse and Mental Health Services Administration created opportunities to influence the federal agenda. The reorganization was accompanied by a congressionally mandated set-aside of 15 percent of the Institute's budgets for services research. Service system research accounted for approximately five percent of the projects under way in 1991.

The group agreed that the combination of the resources deployed in New York to address alcohol and drug problems, the wide diversity of problems that were being addressed and the heterogeneity of the state, New York represented an outstanding laboratory for both developing and testing alternative approaches to alcohol and substance abuse problems. All agreed that the research community would profit by a meeting of state government leaders, New York researchers and federal leaders to discuss research opportunities in New York, and how a state and federal partnership might be formed in which state funds supported researchable programs and federal funds were used to underwrite research.

Convening Researchers, Practitioners and Policymakers

On March 18, 1993, OASAS and ADAC sponsored a forum for research scientists, treatment and prevention specialists, and policymakers. The forum was designed to enhance communication among these groups, to improve the dissemination of research findings and to foster the development of an appropriate research agenda. Forum participants agreed that research is used by treatment and prevention providers, and should be designed to be more relevant to them. Providers are often prevented from maximizing the use of research findings by the lack of applied research, a reliable means for information exchange, and the resources to access literature and conferences.

Participants concluded that there is a need for additional research and evaluation projects which are more responsive to the challenges facing the prevention and treatment fields, and for additional research that documents the outcomes of funded programs. Throughout the day, many ideas for improved technology transfer and an enhanced research agenda were presented.

The most frequently mentioned recommendations were:

- establish regular forums and collaborative networks to encourage interaction among providers, policymakers and researchers;
- increase resources for research;
- develop a research agenda that is more responsive to the questions facing the treatment and prevention fields today;
- establish an addictions resource library;
- expand services (within individual programs) for journal and periodical subscriptions, training and conference attendance;

In the next year, the subcommittee's research agenda will include:

- creation and distribution of a report based on the updated research survey;
- publish written summaries of research findings that can be easily understood by individuals who do not have scientific expertise; and
- create government and provider consortia to obtain federal and foundation grants for research activities.

1994 Priorities

- continued review of opportunities for state and federal partnership;
- inclusion of research findings in future editions of the OASAS Today newsletter; and
- creation of an OASAS resource center to serve treatment and prevention providers as well as ADAC agencies.